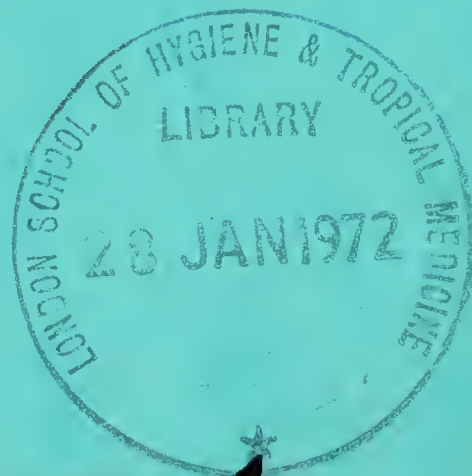




NORFOLK COUNTY COUNCIL



Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1970



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PREFACE

The estimated mid-1970 population for the administrative county was 447,060, an increase of 6,690 on the estimate for 1969.

The distribution of the increase followed the pattern of previous years, three-quarters being in the rural districts and 70% of the growth in the total population of the boroughs and urban districts being attributed to Thetford where the town is at present expanding at the rate of about 10% per year largely due to their overspill programme. One noticeable trend was the reduction in the estimated populations of several of the North Norfolk authorities, viz., Cromer, Sheringham, Wells, Docketing and Walsingham (the latter by nearly 500), while the population of Hunstanton remained static. The proportionate growth in the three rural districts around Norwich was not quite so marked this year amounting to just one-half of the total increase of rural areas compared with two-thirds in 1969.

The other vital statistics reveal a satisfactory state of affairs. One does not expect dramatic changes in the course of a single year but it can be said that all the statistics relating to infants have maintained the position of 1969 or improved on it and compare favourably with the corresponding national figures. The most marked improvement was in the illegitimate mortality rate which dropped from twenty-six last year to nine in 1970.

Deaths from all types of cancer are tending to rise with the proportion of deaths of cancer of the lung and bronchus also increasing. One wonders how long it will take the general population to accept that there is one preventive measure they can all apply!

The wind of change has blown just as strongly in 1970 as it did during the previous year. In my report for 1969 I described events up to the time of writing the Preface and to keep this account as up to date as possible I propose to follow the same pattern here.

The impending Election on the 18th June had no retarding effect on the passage of the Local Authority Social Services Bill and the Education (Miscellaneous Provisions) Bill through Parliament. Accordingly the setting up of a social services committee and the appointment of a director of social services in charge of a new social services department became necessary in the administrative counties, county boroughs and the London boroughs. In Norfolk the appointment was made with effect from 1st October, 1970, and a working party of chief officers was set up to make arrangements for the transfer of staff and services on the 1st April, 1971, and to look into the area organisation of the new department. Coincidentally with these changes the Education Act transferred responsibility for junior training centres to the education committee and the education department.

It was decided that the local areas of the new department should coincide with the present local health areas. Although it was realised that this would produce problems where the enlarged social services staff would have to be accommodated in existing area health premises, it was felt that the arrangement would have the advantages of being already familiar to the general public and of facilitating co-operation between the two departments at field worker level. Most of the transferable health department services, that is mental health, home help, child minders and services for the handicapped, were handed over on the 1st April, 1971, but certain clerical work, particularly in relation to the home help service, will continue to be carried out by local health office staff until all the social services area administrative staff are appointed in the late autumn.

I would like to take this opportunity of expressing my thanks to all the transferred health staff for their loyal service and to wish them well in the future in the new department.

The White Paper on local government re-organisation was published in February, 1971, outlining the structural changes proposed by the new government to fulfil their election pledges to introduce a system of two-tier local government and indicating the timing of legislation and final implementation.

In place of the unitary authorities of the previous White Paper, two forms of operational authorities are proposed functioning in two kinds of systems, one for the more populous parts and another for the rest of the country.

The new counties or first-tier authorities, though retaining the present county boundaries to a much greater extent than the former proposed unitary authorities, will not be a continuation of the old counties. The reformed district councils at second-tier level will have worthwhile executive functions compared to the largely ineffective local councils proposed by Maud. These Councils will have populations ranging upwards from 40,000 except in sparsely populated areas.

The county authorities will be responsible for such services as highways, traffic management, police, fire, education and refuse disposal, while planning, housing and environmental health will be shared with the district councils, who will be responsible for refuse collection as well as other local functions. The future administration of water supplies, sewerage and sewage disposal is to be considered in the light of the report of the Central Advisory Water Committee while detailed allocation of other environmental services is to be discussed with the local authority associations.

Six metropolitan counties are proposed for the more populous parts of the country with metropolitan districts big enough to be responsible for education and the personal services as well as the more local functions of the other district councils.

The aim is to introduce a Bill during the 1971-72 session of Parliament, the new authorities being set up at both operational levels throughout the country during 1973 and taking over their full responsibilities on the 1st April, 1974. The White Paper states that the local authority personal health services will be transferred to new health authorities set up under the re-organisation of the national health service which will come into operation at the same time.

The long-awaited Consultative Document on national health service re-organisation in England eventually appeared on the 17th May, 1971. It reiterates the aims of the two previous Green Papers to have a unified structure to cover all the present functions of the national health service and the personal health functions at present exercised by the local authorities, other than those transferred to the local authority social services departments, and lays great emphasis on the need for effective management but the proposals differ in certain basic respects from those in the second Green Paper published in February, 1970.

It is proposed that about seventy area health authorities will be the operational health authorities outside London covering the same areas as the counties and metropolitan districts proposed in the White Paper. The area authorities will be responsible for the management of the health services in the districts served by district general hospitals and the community health services based on them. The detailed management arrangements and arrangements for giving medical advice to local authorities will be the subjects of further study.

Contrary to the views of the second Green Paper, the Consultative Document proposes that general planning, allocation of resources and monitoring the performance of the area authorities should be the responsibility of fifteen regional authorities corresponding to present regional hospital board areas except in the Sheffield region where two regions will be set up based on the medical teaching centres at Sheffield and Nottingham.

Although area authorities will be closely concerned with plans for the development of family practitioner services, for example at health centres and by attachment schemes, the contracts of general medical and dental practitioners, pharmacists and opticians will be administered by a committee set up by the area authority with a similar composition to an executive council, dealing directly with the Central Department and separately financed. The area authorities will be required to set up community health councils for each of their districts to express the views of the public. These councils will have no management functions but will be consulted on the development and operation of the health services in the district.

The Consultative Document stresses the importance of having a clear definition and allocation of responsibilities to the various bodies with maximum delegation downwards matched by accountability upwards.

The Hunter working party originally set up in March, 1970, following publication of the second Green Paper, had its terms of reference enlarged by the new government "to review the functions of medical administrators in the health services and to make recommendations regarding the provision required for their training". An interim report on the urgent need for the short-term introduction of training courses in medical administration was made public in June, 1971.

It is to be hoped that the recommendations of this working party and the other study groups proposed in the Consultative Document are formulated at an early date to bring to an end the uncertainty which is hanging over all local authority health departments at the present time.

In conclusion, I would again express my thanks to members of the health committee for their continued support and to the voluntary bodies and many others for their contribution towards the health of the community. My thanks are also due to all members of the health department for their loyal support and to the chief officers and staff of other County Council departments for their helpful co-operation at all times.

A. G. SCOTT

Health Department
County Hall
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Norwich, Nor 48A
Telephone: Norwich 22288

August, 1971

STAFF

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Deputy County Medical Officer and Deputy Principal School Medical Officer:

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Senior Medical Officers:

A. N. HUNTER, M.B., Ch.B., D.P.H.

A. S. LINDSAY, M.B., Ch.B., D.P.H.

Assistant Senior Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

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A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.)

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

R. D. HARLAND, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

G. R. HOLTBY, M.D., D.P.H., D.I.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., D.P.H.

L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H.

Departmental Medical Officers:

Full-time

E. J. APPLGATE, M.B., B.S., D.Obst.R.C.O.G.

R. M. BADMINTON, M.B., Ch.B., D.Obst.R.C.O.G., D.A., D.P.H. (from 1.7.70)

SYBIL E. CATOR, M.B., Ch.B.

MARGARET L. E. CHASTENEY, B.Sc., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

JUDITH C. R. WARDLE, M.B., B.S., D.Obst.R.C.O.G.

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M.

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

CHRISTINE R. COUPLAND, M.B., Ch.B.

G. I. DAVIES, M.D., D.P.H. (to 15.6.70)

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

PAMELA HUNTER, M.B., B.S., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S. (to 17.7.70)

MARGARET C. RICHARDS, M.B., B.S.

A. S. ROBERTSON, M.B., Ch.B.

EILEEN M. STEELE, M.B., B.S.

Chest Physicians:

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A. H. C. COUCH, M.D., M.R.C.P., D.C.H.

Chief Dental Officer:

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.) (to 31.10.70)

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A. M. WILSON, L.D.S., R.C.S. (Edin.)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

K. J. PRATT, B.D.S., R.C.S. (Eng.) (from 1.11.70)

Dental Officers:

Full-time

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)

IRENE COLLARD, L.D.S.

J. H. DE MIERRE, L.D.S., R.C.S. (Eng.) (to 31.7.70)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.)

J. G. HEYES, B.D.S. (to 8.6.70)

J. D. GULLAN-WHUR, B.D.S., R.C.S. (Eng.) (from 8.6.70)

P. J. PEARCE, B.D.S.

K. J. PRATT, B.D.S., R.C.S. (Eng.) (to 31.10.70)

FRANCES J. RHODES, L.D.S., R.C.S. (Eng.)

MARGARET WILSON, L.D.S., R.C.S. (Edin.)

JUDITH M. WILD, B.D.S. (from 1.9.70)

Part-time

G. N. W. BOOTH, L.D.S., R.C.S. (Eng.)

C. A. WATKINS, B.D.S. (to 28.2.70)

DEIRDRE A. CUBITT, B.D.S., R.C.S. (Eng.) (from 3.3.70)

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS H. M. H. LONGHURST, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS M. WELLS, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1.6.70)

County Public Health Inspector:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Assistant County Public Health Inspector:

A. C. COOPER, C.S.I.B.

Chief Administrative Officer:

E. W. DURRANT (to 31.5.70)

R. A. G. HARPER (from 1.6.70)

County Ambulance Officer and Senior Administrative Officer:

G. A. RABY

Superintendent Welfare Officer:

C. J. TAYLOR, M.B.E.

Deputy Superintendent Welfare Officer:

D. R. INGHAM

Area and Senior Welfare Officers:

A. BOOTHMAN	E. G. HUBBARD (to 31.7.70)
S. H. BOUGHEN, M.B.E.	W. J. PEACOCK
J. E. BRADSHAW (from 1.8.70)	T. C. PINK (from 1.9.70)
J. COWELL	F. L. RAY
S. J. DODMAN	J. A. ROWE (to 31.10.70)
J. G. FURNESS (from 1.11.70)	B. G. WESBY
C. J. GALLANT	
V. C. HALL	

Social Welfare Officers:

J. E. BRADSHAW (to 31.7.70)	D. R. LEE
T. J. BROWN	M. F. MARAIS (from 26.10.70)
MISS C. B. COOK (from 1.11.70)	G. W. MATTHEWS
H. G. CROTCH (from 16.2.70)	F. A. McGLINN (from 17.8.70)
J. G. FURNESS (to 31.10.70)	T. C. PINK (to 31.8.70)
J. H. GILBERT	B. F. RUTTERFORD
T. A. GILLHAM	K. W. RICE
A. K. GOLDSWORTHY	W. W. RYE
P. M. HARDY	E. B. STEWARDSON
E. J. HARE	

Head Psychiatric Social Worker:

E. G. HUBBARD (from 1.8.70)

Mental Health Worker:

MRS. S. RAINBOW

Home Teachers for Mentally Handicapped:

MRS. F. M. CHURCHWARD	MISS J. C. CLAPSON
-----------------------	--------------------

Head Teachers—Junior Training Centres:

MISS T. BYLES	MISS S. M. QUINSEE
MISS S. J. GEE	MRS. N. SCRIVEN

Managers—Adult Training Centres:

MISS T. BYLES	L. J. W. PLANT
P. J. JARROLD	

Adult Hostel—King's Lynn

Warden: P. CLARK

Junior Hostel—Old Catton, Norwich

Warden: C. J. ALLISON

Senior Home Teacher and Visitor for the Blind:

MRS. K. M. READ

Home Teachers and Visitors for the Blind:

MRS. H. ADCOCK

MRS. O. OAKLEY

MISS M. R. CARTER (from 12.10.70)

MISS H. K. PAYNE

MRS. E. M. COOPER

MRS. J. M. YOUNGS (to 30.9.70)

MISS D. H. LETHAM

Home Help Organiser:

MRS. E. I. SEPPINGS

Senior Assistant Home Help Organiser:

MRS. A. M. P. HILL

Assistant Home Help Organisers:

MRS. W. A. BASSINGTHWAIGHTE

MRS. L. MERRITT

MRS. P. D. CLAXTON (from 22.6.70)

MRS. A. V. SHELDRAKE (from 22.6.70)

MRS. H. D. EASTO

MRS. E. R. SMITH

MRS. G. L. GOWING

MRS. P. A. TAYLOR (from 28.9.70)

MISS A. HUGHES (to 31.1.70)

MISS I. S. THOMPSON (from 23.11.70)

MRS. A. J. JONES (from 28.9.70)

MISS A. P. WEBB (from 22.6.70)

MRS. B. E. MANNERS (from 1.4.70—18.9.70)

MRS. F. M. WICKS

Health Education Officer :

MISS G. HOOLEY

Chiropodists:

L. W. BATTRICK, L.Ch.

C. FLEMING, M.Ch.S.

J. F. BEVAN, M.Ch.S.

G. E. PENNEY, M.Ch.S.

L. EDEN-MORRIS, M.Ch.S.

I. WOODING, M.Ch.S.

County Analyst:

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage..	1,301,014
Population—Estimated by Registrar-General (mid-1970)	..							447,060
Estimated Product of Penny Rate for General Purposes (1970-71)								£58,966
Rateable Value for General Purposes (1st April, 1970)						£14,462,640
Live Births								
Number	6,801
Rate per 1,000 population	15.2
Illegitimate Live Births (per cent. of total live births)						6.4
Still Births								
Number	87
Rate per 1,000 total live and still births	12.6
Total Live and Still Births	6,888
Infant Deaths (deaths under one year)	101
Infant Mortality Rates								
Total infant deaths per 1,000 total live births	14.9
Legitimate infant deaths per 1,000 legitimate live births	15.2
Illegitimate infant deaths per 1,000 illegitimate live births	9.1
Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)	10.4
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	9.0
Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	21.6
Maternal Mortality (including abortion)								
Number	1
Rate per 1,000 live and still births	0.15

Live Births

6,801 live births were registered, giving a rate of 15.2 which was the same as for the previous year. With the application of the comparability factor (1.06) the resultant figure is 16.1. The national rate was 16.0.

There were 437 illegitimate live births in 1970, comprising 6.4% of all live births which corresponds with the percentage figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

Still Births

The still birth rate of 12.6 compared with 13.4 for the previous year. The current national rate was 13.

Infantile Mortality

There were 101 deaths of children under the age of one year. The resultant rate of 14.9 shows a decrease of 0.9 on the previous year, and is lower than the national figure of 17.0.

Seventy-one deaths occurred during the first four weeks of life and, of these, sixty-two took place during the first week.

Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week per 1,000 total live and still births.

The perinatal mortality rate in this county for 1970 (21.6) shows a decrease on the figure for 1969 (22.7). The national rate was 23.

The figures compiled in this department, with the place of birth, are given below:

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	10	9	19
Hospital	76	50	126
General practitioner unit	..			1	3	4
				87	62	149

Maternal Mortality

There was one maternal death.

Deaths

During 1970 there were 5,388 deaths and the death rate (12.1) per 1,000 of the estimated population was 0.3 higher than in the previous year. The application of the comparability factor of 0.86 gives a rate of 10.4. The rate for England and Wales was 11.7.

49% of the deaths were of persons seventy-five years of age or over.

The cancer death rate per 1,000 of the population was 2.31 and the age distribution of deaths was as follows:

	0-	1-	5-	15-	25-	35-	45-	55-	65-	75-	Total
Males	1	1	2	2	3	18	34	119	213	178	571
Females	—	3	3	1	5	18	42	102	139	147	460
	1	4	5	3	8	36	76	221	352	325	1,031

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:

Year	Cancer death rate per 1,000 population			Lung and bronchus—% of all cancer deaths
1961	1.92	19.18
1962	2.03	18.66
1963	2.02	18.12
1964	2.16	20.69
1965	2.11	22.82
1966	2.10	22.57
1967	2.25	22.58
1968	2.26	21.68
1969	2.25	22.08
1970	2.31	25.02

There were ten deaths from tuberculosis, seven due to respiratory forms of the disease.

BIRTHS AND INFANTILE MORTALITY

TABLE 1

County district	Population 30.6.70	Live births			Stillbirths			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS																
King's Lynn	30,720	450	50	500	7	—	7	3	—	3	3	—	3	3	—	3
Thetford	12,800	243	16	259	7	1	8	6	1	7	5	1	6	5	1	6
	43,520	693	66	759	14	1	15	9	1	10	8	1	9	8	1	9
URBAN DISTRICTS:																
Cromer	5,460	62	8	70	—	—	—	—	—	—	—	—	—	—	—	—
Diss	4,230	42	7	49	2	—	2	1	—	1	1	—	1	1	—	1
Downham Market	3,380	56	2	58	—	—	—	2	—	2	1	—	1	1	—	1
East Dereham	8,420	130	10	140	—	—	—	2	—	2	2	—	2	2	—	2
Hunstanton	4,210	53	6	59	2	—	2	—	—	—	—	—	—	—	—	—
North Walsham	5,870	84	8	92	1	—	1	1	—	1	1	—	1	1	—	1
Sheringham	4,990	30	6	36	—	—	—	—	—	—	—	—	—	—	—	—
Swaffham	4,290	59	4	63	1	—	1	2	—	2	2	—	2	1	—	1
Wells-next-the-Sea	2,480	17	4	21	—	—	—	—	—	—	—	—	—	—	—	—
Wymondham	8,290	153	5	158	2	—	2	2	—	2	1	—	1	1	—	1
	51,620	686	60	746	8	—	8	10	—	10	8	—	8	7	—	7
RURAL DISTRICTS:																
Blofield and Flegg	44,360	578	31	609	8	—	8	12	—	12	8	—	8	6	—	6
Depwade	19,060	276	14	290	3	—	3	2	—	2	1	—	1	1	—	1
Docking	18,100	219	20	239	1	—	1	3	—	3	1	—	1	1	—	1
Downham	26,020	421	25	446	5	1	6	6	—	6	3	—	3	3	—	3
Erpingham	18,750	201	20	221	1	—	1	3	—	3	3	—	3	3	—	3
Forehoe and Henstead	34,450	497	27	524	6	—	6	8	—	8	7	—	7	6	—	6
Freebridge Lynn	14,290	212	12	224	2	—	2	3	—	3	1	—	1	1	—	1
Loddon	13,770	177	7	184	2	—	2	1	—	1	1	—	1	—	—	—
Marshland	17,700	237	13	250	3	1	4	6	1	7	2	1	3	2	1	3
Mitford and Launditch	18,630	241	21	262	6	—	6	5	—	5	3	—	3	2	—	2
St. Faith's and Aylsham	57,060	975	47	1,022	4	1	5	11	1	12	9	1	10	7	1	8
Smallburgh	19,140	234	22	256	6	—	6	2	1	3	1	—	1	—	—	—
Swaffham	11,300	180	14	194	5	—	5	5	—	5	5	—	5	5	—	5
Walsingham	18,230	244	14	258	3	—	3	2	—	2	2	—	2	2	—	2
Wayland	21,060	293	24	317	6	—	6	9	—	9	5	—	5	5	—	5
	351,920	4,985	311	5,296	61	3	64	78	3	81	52	2	54	44	2	46
ADMINISTRATIVE COUNTY	447,060	6,364	437	6,801	83	4	87	97	4	101	68	3	71	59	3	62

The following table shows, as percentages of all deaths, the deaths in various age groups during the last twenty years:

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1951	3.5	1.0	0.8	1.4	3.5		16.5		24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5		17.2		24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3		17.1		24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9		16.4		25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1		16.8		25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8		16.6		25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7		17.8		24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4		17.2		24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7		16.5		25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3
1966	2.2	0.4	0.5	1.3	0.9	1.7	5.3	12.9	23.2	51.6
1967	2.2	0.4	0.4	0.6	0.7	1.6	5.0	13.1	25.9	50.1
1968	1.8	0.5	0.3	0.8	0.9	1.6	4.2	12.7	24.4	52.8
1969	2.1	0.3	0.3	1.1	0.6	1.5	4.8	12.8	26.3	50.2
1970	1.9	0.3	0.5	1.0	0.6	1.8	4.4	13.1	27.4	49.0

II. AREA ADMINISTRATION

The arrangements for reducing the number of local health areas to six as outlined in my report for 1969, were finalised by the complete unification of the former local health areas numbers 7 and 9 and the re-numbering of some of the areas as given in the table on the next page.

During the year the establishment and salary structure of the senior local welfare officer staff were reviewed and it was possible to continue implementing the policy of concentrating welfare staff at the main local health offices although at the end of 1970 the local staff were still based on the Downham Market Sub-Office and continuing to act fairly independently. Progress was also made in the area organisation of supervisory nursing and home help staff.

Discussions at officer level arrived at the conclusion that the area organisation of the new Social Services Department should follow the same pattern as that for local health areas in an endeavour to ensure the closest possible co-operation between the field staff of the two departments. This recommendation was subsequently adopted by the County Council.

Local Health Area	County District Councils	Population (estimated mid-1970)	Area population	Medical Officers' weekly sessions	
				County Council	County District Councils
1	North Walsham Urban .. Blofield & Flegg Rural .. Smallburgh Rural ..	5,870 44,360 19,140	69,370	5½	4½
2	Cromer Urban Sheringham Urban .. Erpingham Rural .. St. Faith's & Aylsham Rural	5,460 4,990 18,750 57,060	86,260	4½	2¾ 2¾
3	East Dereham Urban .. Mitford & Launditch Rural Hunstanton Urban .. Wells-next-the-Sea Urban Docking Rural .. Walsingham Rural ..	8,420 18,630 4,210 2,480 18,100 18,230	70,070	3½	2½ 4
4	Downham Market Urban Downham Rural .. Marshland Rural .. King's Lynn Municipal Borough Freebridge Lynn Rural ..	3,380 26,020 17,700 30,720 14,290	92,110	4½	5½
5	Diss Urban Wymondham Urban .. Depwade Rural .. Forehoe & Henstead Rural Loddon Rural	4,230 8,290 19,060 34,450 13,770	79,800	4	6
6	Thetford Municipal Borough .. Swaffham Urban .. Swaffham Rural .. Wayland Rural ..	12,800 4,290 11,300 21,060	49,450	6	4

III. HEALTH CENTRES

Because of the complicated procedures involved, the number of bodies to be consulted and the difficulty in acquiring suitable sites, progress in the provision of health centres has necessarily been rather slow.

At **Long Stratton** the plan has been approved and much of the detailed planning and layout agreed with the family doctors concerned. Final agreement regarding rentals has been reached with the Norfolk Executive Council and at the end of the year the project was ready to go to tender.

At **King's Lynn** the formalities of acquiring a site from the Borough Council had almost been completed by the end of the period under review, while discussions have taken place with the local general practitioners and with the staff of the Department of Health and Social Security on the schedule of accommodation and the detailed design but at the end of 1970 the Norfolk Executive Council were in consultation with the Department regarding the need for additional consulting suites for the family doctors.

At **Wells** discussions have taken place with the general practitioners and a schedule of accommodation agreed with them. Efforts to acquire a suitable site continued and by the end of the year showed every sign of being successful.

As far as **Diss** is concerned, searches have continued there also for a suitable available site.

IV. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

The proportion of Norfolk births occurring in hospital during the year continues to increase having now reached 74% of all births, a rise of 3% over the previous year. The table below based on figures compiled in the health department shows how the proportion of institutional births has increased over the past ten years. There appears to be no slackening in this trend.

Year	Total births	Domiciliary births		Institutional births	
		No.	% of total	No.	% of total
1961	6,134	3,232	53	2,902	47
1962	6,165	3,182	52	2,983	48
1963	6,464	3,192	50	3,272	50
1964	6,779	3,184	47	3,595	53
1965	6,809	3,062	45	3,747	55
1966	6,668	2,826	43	3,842	57
1967	6,712	2,539	38	4,173	62
1968	6,823	2,367	35	4,456	65
1969	6,690	1,921	29	4,769	71
1970	6,755	1,741	26	5,014	74

The Council's domiciliary midwives investigate the circumstances of those applying for a hospital booking on social grounds. 1,211 such cases were assessed, of which 903 (75%) were recommended for admission, and a further 72 (6%) were considered desirable.

The number of cases investigated by midwives for suitability for early discharge from hospital also increased, 2,333 such cases being assessed, including 689 relating to North Walsham and Longacre maternity homes.

Unmarried Mothers

There were 246 illegitimate live births and two still births in 1970. There was no change in the arrangements with diocesan councils. 165 mothers were visited and twenty-five cases were admitted to mother and baby homes with financial assistance from the county council.

Care of Premature Infants

During 1970 there were 405 premature live births to mothers normally resident in the administrative county of Norfolk. The analysis of these premature infants and comparable births for the last ten years are given below:

Year	Total Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total live births	No.	%	No.	%	No.	%
1961	6,362	353	5.6	217	61	136	39	308	87
1962	6,378	347	5.4	212	61	135	39	307	88
1963	6,491	376	5.8	239	64	137	36	329	88
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85
1966	6,618	380	5.7	267	70	113	30	340	89
1967	6,770	341	5.0	246	72	95	28	299	88
1968	6,807	376	5.5	270	72	106	28	339	90
1969	6,690	402	6.0	308	77	94	23	352	88
1970	6,755	405	5.9	330	81	75	19	369	91

The number of premature births increased slightly during the year but in view of the increase in total births the actual proportion of such cases dropped slightly. The proportion of premature births born in hospital increased to 81%, which can be regarded as a reflection of good ante-natal care by indicating that there has been a proper selection of cases for hospital confinement. It is also encouraging to note that 91% of premature infants survived the neonatal period, the highest figure over the past ten years.

Premature infants born at home are conveyed to hospital in portable incubators provided from King's Lynn and Norwich by the hospital special care units. These incubators can be plugged into special electrical sockets fitted in all county ambulances and arrangements are also made with the West Suffolk and Great Yarmouth authorities for similar facilities to be provided where needed in parts of the county adjacent to them.

Ante-Natal and Post Natal Arrangements

No ante-natal or post-natal clinics are provided by the council but midwives are encouraged to attend general practitioner clinics and to co-operate with family doctors in providing ante-natal care.

Mothercraft Classes

Courses of eight weekly classes for expectant mothers and one evening class for fathers are given by the district nurse/midwife and health visitor for the area under the general supervision of the supervisory nursing staff. Classes were held at forty-three centres and there were 10,656 attendances. 1,951 expectant mothers attended during the year, of whom 652 were booked for domiciliary confinements.

Child Health Clinics

Three centres were closed during 1970 because of small attendances and three new ones were opened. 155 centres were in operation at the end of the year including five at R.A.F. Stations.

The numbers of children who attended were as follows:

Born in 1970	4,656
Born in 1969	3,682
Born in 1965-68	3,856
Total	12,194
Total attendances	62,159

286 children were referred by clinical medical officers for further investigation and treatment of conditions other than minor ailments.

The table below shows the numbers of children attending and the numbers of attendances at these clinics over the past five years:

	1966	1967	1968	1969	1970
Number of children attending	14,570	12,866	12,348	11,746	12,194
Attendances ..	60,179	58,599	56,680	59,153	62,159

The decline in the number of children attending child health clinics has been halted in 1970 with an increase of 448 (4%) over the preceding year. The increase is especially marked in infants under one year, which shows the highest figure since 1966.

A further five members of our medical staff attended the course in developmental paediatrics at Addenbrooke's Hospital, Cambridge, in pursuance of our policy to ensure that all medical staff undertaking child health work should have proper post-graduate training in this field. Two young general practitioners with special qualifications and experience in paediatrics were appointed to work in two clinics, an arrangement which works very well where it is difficult to deploy our own staff and the local practitioner has a special interest.

The new child health card, after some delay beyond our control, was finally introduced in the latter part of the year, enabling a more uniform recording of each child's medical history and in particular of his general development in accordance with current practice in developmental paediatrics. At the same time the opportunity was taken to introduce certain administrative changes in the initiation of each new card relieving professional staff of clerical work. Further discussions continued during the year with the computer department on possible applications of computers to certain aspects of child health records. A feasibility study was made and this favoured going ahead with certain records, notably immunisation and vaccination which have already been widely adopted elsewhere. It is hoped to complete details of a computer system in 1971 to be introduced not later than January, 1972.

Accommodation has been improved in one or two clinics during the year but the standards generally remain less than completely satisfactory. As mentioned in last year's report, it would be very helpful if those planning new village halls and community centres could bear in mind at the design stage their possible use for clinics by providing, for example, hand washing facilities in one room for the medical officer. It is, of course, important to ensure that the conditions under which young infants are examined should be as comfortable as possible.

Welfare Foods

The following proprietary brands are normally available under the Council's scheme and were being sold at the following prices (cost plus 10% handling charge) at the end of the year.

Cow and Gate Full Cream	4s. 1d. (20½p) per packet.
Ostermilk No. 2	4s. 1d. (20½p) per packet.
Humanised Trufood	5s. 4d. (26½p) per packet.
S.M.A. (Milk Food)	6s. 6d. (32½p) per packet.
Adexolin (Vit. A and D)	1s. 1d. (5½p) per bottle.
Virol	2s. 5d. (12p) per small carton. 3s. 10d. (19p) per large carton.

The amounts of these preparations ordered for distribution to local health offices during the past five years have been as follows:

Year	Cow and Gate (1 lb.)	Ostermilk (1 lb.)	Trufood (1 lb.)	S.M.A. (1 lb.)	Adexolin (Bottles)	Virol (Cartons)
1966	18,000	61,152	852	2,496	17,580	1,944
1967	14,129	54,622	480	3,240	14,604	948
1968	23,270	53,208	408	2,976	20,424	1,140
1969	28,536	43,920	480	3,180	18,228	936
1970	34,656	26,544	300	3,216	14,725	900

The quantities of all proprietary brands of milk foods distributed during each of the past five years were as follows:

1966	82,500 packets.
1967	72,471 packets.
1968	79,862 packets.
1969	76,116 packets.
1970	64,716 packets.

DEATHS BY AREAS AND AGE GROUPS

TABLE 2

Cause of death	Municipal Boroughs		Urban Districts									Rural Districts													Total	Age at death															
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh		Swaffham	Walsingham	Wayland	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-		
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bacillary dysentery and amoebiasis .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteritis and other diarrhoeal diseases .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis of respiratory system .. .	—	1	—	—	—	1	—	—	—	—	—	—	2	—	—	1	—	1	—	—	—	2	—	1	—	—	—	6	1	5	—	—	—	—	—	—	—	—	—	—	
Other tuberculosis, inc. late effects .. .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	
Plague .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Diphtheria .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Streptococcal sore throat and scarlet fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Meningococcal infection .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute poliomyelitis .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Smallpox .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Typhus and other rickettsioses .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malaria .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Syphilis and its sequelae .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
All other infective and parasitic diseases ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	2	1	—	—	—	2	—	—	—	8	1	1	1	—	1	—	—	—	—	1	1	—	1	
Malignant neoplasm—buccal cavity and pharynx .. .	2	—	—	—	—	—	1	1	—	—	—	—	4	—	—	1	1	—	2	—	—	1	—	—	—	—	15	—	—	—	—	—	—	—	3	—	5	7	—		
Malignant neoplasm—oesophagus .. .	1	1	1	—	—	—	—	2	—	1	—	—	1	1	1	2	1	1	2	1	1	—	5	1	3	1	28	—	—	—	—	—	—	—	—	4	6	8	10	—	
Malignant neoplasm—stomach .. .	9	3	1	2	1	—	2	1	3	3	—	2	11	6	4	4	6	2	4	3	3	1	12	7	1	4	99	—	—	—	—	—	—	—	1	1	10	40	47	—	
Malignant neoplasm—intestine .. .	8	—	5	1	1	1	6	5	1	2	—	3	9	9	7	3	13	16	6	5	6	5	26	8	2	8	162	—	—	—	—	—	—	—	1	9	23	54	75	—	
Malignant neoplasm—larynx .. .	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	1	4	—	—	
Malignant neoplasm—lung, bronchus .. .	26	8	3	2	3	4	7	5	1	—	1	4	22	7	7	16	9	13	8	10	10	8	36	13	7	15	258	—	—	—	—	—	—	—	4	18	67	104	65	—	
Malignant neoplasm—breast .. .	1	2	2	2	—	2	—	1	2	1	1	2	8	2	6	2	6	6	1	6	4	1	11	5	1	6	83	—	—	—	—	—	—	—	1	12	30	23	17	—	
Malignant neoplasm—uterus .. .	2	—	—	—	2	—	—	—	—	—	—	1	6	1	6	—	—	1	1	2	1	4	6	3	1	1	39	—	—	—	—	—	—	—	1	6	9	12	11	—	
Malignant neoplasm—prostate .. .	3	—																																							

National welfare foods are available from local health offices, child health clinics, and 100 voluntary distribution centres. Issues during the last five years have been as follows:

Year	National Dried Milk (Cartons)	Cod Liver Oil (Bottles)	Vitamin Tablets A. & D. (Packets)	Orange Juice (Bottles)
1966	29,391	4,682	6,399	76,100
1967	25,907	4,356	6,548	79,763
1968	24,642	4,325	6,189	80,869
1969	19,941	3,742	6,238	90,169
1970	10,394	3,152	6,780	91,511

Dental Treatment

The Chief Dental Officer reports:

“Following a suggestion made in my last report, a notice indicating that dental inspections and treatment are available to pre-school children at school dental clinics has been printed on the reverse side of the school dental consent form. It is widely accepted that most mothers are not aware of this service so at least those with older children will have their attention drawn to this facility when these children bring home forms following a routine school dental inspection. I cannot stress too strongly the importance of dental inspections for pre-school children. Contrary to the attitude of some parents, milk teeth matter. They keep the gaps for the permanent teeth which replace them between the ages of five and twelve years and they are not merely temporary teeth for a year or two. Learning to speak correctly is easier for children with normal healthy mouths. Good teeth and firm gums mean better general health.

I have recently read with interest but not surprise that dental decay among children living in Birmingham and neighbouring parts of Warwickshire has been reduced by 50% or more. Fluoridation was introduced to this region in 1964 and the effect is now being seen, particularly amongst those children up to six years who have received the benefit since birth. In Anglesey where fluoridation was introduced to half the county fifteen years ago as part of the study to confirm its efficacy, the control half of the county has long since demanded and taken steps to ensure that its children too should receive the benefit. British housewives and mothers are great bargain hunters in the everyday running of their homes. I am sure that Norfolk mothers cannot mean to miss this very real bargain in terms of their children’s dental health. At the cost of a few pence (new, of course!) per head of the population one hopes that they will insist that their children should not be denied what has been described as one of the greatest public health measures.

During the year, approximately the same number of patients were examined but more chairside time was spent on them because more operations were done for them. The number of under fives inspected was marginally less than the previous year but in contrast there was an increase in the number of mothers seen. This was a reversal of the trend over recent years.

It is of interest to note that five dentures were made for children under five years. These patients had lost so many teeth that it was in their interests to provide them with dentures not only to chew their food and to help them speak correctly but to restore their appearance. A child starting school without teeth is a sad story in itself but the child can suffer psychologically too when it realises it is different from other children. This is also an important reason for providing dentures which are often managed remarkably well.”

Inspections, Attendances and Treatment	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year	454	46
Number of patients who required treatment	251	40
Number of patients who were offered treatment	243	39
First visit	251	41
Subsequent visits	211	113
Total visits	462	154
Number of additional courses of treatment other than the first course commenced during year	20	3
Number of fillings	518	141
Teeth filled	395	131
Teeth extracted	222	95
General anaesthetics given	78	5
Emergency visits by patients	24	2
Patients X-rayed	4	5
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis) ..	24	29
Teeth otherwise conserved	166	—
Number of courses of treatment completed during the year	238	35

Prosthetics

Number of dentures supplied	17
-------------------------------------	----

Anaesthetics

General anaesthetics administered by dental officers	85
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Nurseries and Child-Minders Regulation Act, 1948

The following table gives the position at the end of each of the past five years :

Persons and Premises on Register at end of Year				
Year	No. of Premises	No. of Children	No. of Persons	No. of Children
1966	36	756	37	344
1967	52	1,148	39	400
1968	85	1,812	46	472
1969	93	1,960	117	531
1970	118	2,582	176	670

This table demonstrates the continuing rise in the number of persons and premises registered under this Act. There is still no sign of a levelling off in the registrations, reflecting the increasing demand in the community for this service, not only among mothers who have to go out to work but also those mothers who remain at home and who welcome some relief and feel the children benefit from supervision and training among other children.

There were thirty-three new registrations of premises during the year and eight cancellations, a net increase of twenty-five which, together with increases in permitted numbers in other play groups, provided 622 new places for children, a 32% increase.

There were seventy-eight new registrations of persons and nineteen cancellations, a net increase of fifty-nine which, together with increases in permitted numbers with other child minders, provided 139 new places for children, a 26% increase.

During the year the new scheme to assist parents of children with special needs, to enable them to attend suitable playgroups, came into operation. The purpose of this scheme is to ascertain both the real extent of the need in the county and to identify the area of greatest demand. A total of thirty-three children were notified during the year as coming into the special need categories, as follows:

(a)	Those with only one parent who has no option but to go out to work and who cannot arrange for the child to be looked after satisfactorily	7
(b)	Those who need temporary day care on account of the mother's illness	3
(c)	Those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need	6
(d)	Those for whom day care might prevent the breakdown of the mother or the break-up of the family	10
(e)	Those whose home conditions (e.g., because of gross overcrowding) constitute a hazard to their health and welfare ..	4
(f)	Those whose health and welfare are seriously affected by a lack of opportunity to play with others	2
(g)	Child handicapped:	
	(i) Mentally	1
	(ii) Physically	Nil

As anticipated it was not possible to provide suitable day care with registered playgroups or child minders for all these children and it is apparent that facilities are not yet wholly adequate to meet the need in certain areas. The greatest demand at present is in the Thetford area and while this may reflect to some extent the special interest of the staff in the area, other factors would suggest that the real need may be relatively greater there than elsewhere. Our efforts to place the thirty-three notified cases produced the following results:

Placed with suitable group or child minder	10
Placed on waiting list	17
Parent(s) not replied to our letters	3
Not eligible for assistance	2
Reply pending	1

Much must depend in the meantime on local voluntary effort to help meet the needs of those children though advice and certain limited assistance can be obtained from the local authority in special circumstances.

This will be the last year in which this department will be responsible for the registration and possibly supervision of nurseries and child minders under the above Regulations and I should like to take this opportunity to thank all the staff who have exercised this often difficult task over the past few years when the demand has been increasing so rapidly, for the way in which they have carried out their duties.

Family Planning

During the year there was no change in the general arrangements for the provision of family planning services within the administrative county. The Family Planning Association continued to act as the Council's agent in the provision of clinics at Cromer, Dereham, Fakenham, King's Lynn and Thetford, free service being provided on behalf of the Council to those who require it on medical grounds or for certain pressing social reasons in accordance with the National Health Service (Family Planning) Act.

There was a 60% increase in the total number of cases provided with free service during the year. 168 cases were helped of which 139 were medical, ten had both medical and social reasons and nineteen were assisted for purely social reasons. It is probable that the numbers will increase in subsequent years as more patients are likely to come forward than will discontinue using the service.

Agreement was reached, however, towards the end of the year, on a basis for implementation of the new National Family Planning Agency Scheme, put forward by the Family Planning Association with a view to:

- (1) Applying a standard *per capita* charge throughout the country;
- (2) Ensuring that no single authority subsidises another, and
- (3) Ensuring that private patients do not subsidise the public authority and vice-versa.

This Council accepted application No. 6 of this Scheme to take effect on 1st April, 1971. From this date therefore there will be a standard capitation fee for each case qualifying for free service and the annual grant to each clinic will be discontinued. No distinction will be made between medical and social grounds, cases covered by the following definition being eligible for free treatment:

“Any woman whose health in the opinion of the examining doctor, would be expected to suffer by the increased mental, physical or social burdens placed on her by pregnancy”.

Phenylketonuria

This was the first full year of the screening of all infants for this condition by means of the Guthrie test. As mentioned in last year's report, this test involves the collection of a drop of blood on a special filter paper by the midwife on the ninth day after birth, or the health visitor if the test is done after the tenth day. The specimen is forwarded to the Regional Screening Laboratory at the Ida Darwin Hospital, Fulbourn, Cambridge, for testing.

Collection of the specimen requires careful technique to ensure it is suitable for testing. Over the year about 5% of the tests had to be repeated because of inadequate specimens but this figure compares favourably with that in other areas, and will no doubt improve with increasing experience. If there is any difficulty in repeating the test, nurses are instructed to use the Phenistix urine test, but this has been necessary only rarely. In view of the low incidence of phenylketonuria, it is obviously important to ensure that all children are

tested. Lists are received each week from the laboratory of tests completed during that week. As the interval between birth and the receipt of the test result varies considerably, for a number of reasons, including most commonly prematurity, it is no small task to keep a check on whether each child has been tested, but every effort has been made to maximise the proportion tested within the period during which the test must be completed. At the end of the year there were only 0.2% of children unaccounted for, and most of these are thought to be removals, transferable births, illegitimate children, etc. The routine checking of Guthrie tests may be a field where the computer would be of great value.

There was no confirmed case of phenylketonuria during the year but one child was found to have levels of phenylalanine in the blood consistently at the upper limit of normal (6 mg./100 ml.). While this level is considerably below that found in classical phenylketonuria (20 mg./100 ml.), the blood level is being kept under observation to ensure that it does not rise to a level damaging to the child's mental development.

Infant Methaemoglobinaemia

As in previous years, water supplies from wells and bores have been examined for nitrate content where their use was proposed for bottle-fed babies. Samples are submitted prior to the birth of the child and where the results are unsatisfactory, the parents are advised to use mains water or a nearby alternative supply which on investigation is found to be satisfactory from a nitrate point of view. In thirty-six cases, advice to use an alternative source was given.

The simplified form of examination was continued in the health department and borderline results were submitted to the Public Analyst for a more detailed examination. The following is the standard the department has used for many years.

Waters regarded as safe	..	Nitrate content under 20 p.p.m.
Waters regarded as doubtful	..	Nitrate content 20/40 p.p.m.
Waters regarded as unsafe	..	Nitrate content 40/80 p.p.m.
Waters regarded as dangerous	..	Nitrate content over 80 p.p.m.

Alternative supplies are advised in those cases where the test as conducted in the department or the examination result from the Public Analyst indicate a nitrate content of over 20 p.p.m.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:

Original Supplies

Samples submitted by district nurse or health visitor	164
Samples classified as satisfactory	117
Samples classified as unsatisfactory	26
Samples classified as doubtful and referred to the Public Analyst for more detailed examination	21
Samples classified by Public Analyst as satisfactory	11
Samples classified by Public Analyst as unsatisfactory	10

Alternative Supplies

Samples submitted by public health inspector from alternative supplies	2
Samples classified as satisfactory	2
Total examinations carried out in health department	166

The “At Risk” Register

As indicated in last year’s report, a revised scheme was drafted in 1969 and brought into operation in May, 1970. Because returns are often delayed for reasons beyond the control of medical or nursing staff, figures available at the time of writing allow only a limited and tentative observation. The new arrangements have certainly worked more effectively than the old with no more than the usual difficulties from misinterpretation of instructions arising in any new scheme. In the main, these difficulties have been resolved and there has been no need to alter the fundamentals of the system. 40 % of the total county births during the year were included on the “At Risk” register which now totals 5,027 children. This latter figure should, of course, be considered in relation to the fact that no child is removed from the register before the age of two years. The following preliminary observations can be made from the figures available:

- (a) Just over 22 % of children due for examination were seen at clinics attended by a medical officer and only seven were not seen at all, the others being seen either at home or at clinics run by the health visitors. This is an encouraging figure on the whole although it is to be hoped that the numbers seen by medical officers can be increased.
- (b) 4 % of the children seen were considered to be handicapped according to the definition of “one who suffers from a continuing disability of body, intellect or personality which is likely to interfere with his normal growth, development or capacity to learn”. Mongolism and congenital heart conditions were the most common, followed by spina bifida and mental handicap. According to preliminary reports, about 14 % of these handicaps were first noted at medical officer clinics, and there was a larger number noted by health visitors but these figures will require further study. If the original findings are substantiated, they would clearly indicate a considerable contribution to early diagnosis.

One can only sum up by saying that the new register seems promising and may provide more useful information in the future.

Congenital Malformations

There has been no change in the scheme for notification of all congenital malformations to the General Register Office.

Congenital malformations detected at birth in 1970 were as follows:

Congenital Malformation					Live Births	Still Births
Talipes	26	1
Congenital dislocation of hip	28	1
Hydrocephalus, spina bifida	14	9
Anencephaly, microcephaly	—	10
Cleft palate and cleft lip	12	—
Defects of alimentary system	18	1
Defects of genito-urinary system	9	—
Congenital heart disease	10	1
Mongolism	2	1
Other defects	63	8
Totals	182	32

These figures are compiled on a different basis from previous years in order to standardise the statistics more accurately. The malformations listed before occurred in a total of 159 children, many children suffering from more than one defect. In previous years lists have been compiled according to the principal defect in each child, so that the number of defects correspond with the number of children.

It should be noted that some of the malformations are subject to later confirmation or clarification. Thus in 1969 of eleven cases of congenital dislocation of the hip surviving and remaining in the county, only three were found subsequently to require hospital treatment and five required no treatment at all. Similarly, ten of twenty-eight cases of talipes surviving and remaining in the county were treated in hospital but thirteen required no treatment, and some unspecified malformations of the heart are awaiting a final diagnosis. These fluctuations in incidence will therefore require careful scrutiny before definite trends can be established.

The “Battered Baby”

A joint circular letter 2/70 was issued on the 9th February by the Chief Medical Officer, Department of Health and Social Security, and the Chief Inspector, Children’s Department, Home Office, to all medical officers of health and children’s officers, requesting that discussions be initiated with all interested parties to review the problem of the “battered baby” and consider whether an agreed procedure was possible for the guidance of those faced with these difficult cases.

As this Authority shares the same police, hospital and consultant staff as both Norwich and Great Yarmouth, it was decided to arrange a combined meeting to include representatives of the following agencies within each Authority:

1. Health Department.
2. Children’s Department.
3. Police.
4. Police Surgeon.
5. Consultant Paediatricians.
6. Casualty Departments.
7. Child Psychiatrists.
8. Medical Social Workers.
9. N.S.P.C.C.

This meeting was held at County Hall on the 9th April, 1970, when there was a satisfactory exchange of views and a general outline of agreement reached on possible future procedure. A further meeting, limited to representatives of the health and children’s departments, paediatricians and N.S.P.C.C., together with the police surgeon in the Norwich area who has a particular interest in this subject, was arranged on the 30th June, to clarify certain areas of uncertainty, following which an agreed procedure was drafted to be followed whenever it was felt desirable. This procedure is based on case conferences at the appropriate hospital to include representatives of the local health authority, children’s department, N.S.P.C.C. and the police surgeon. It was also agreed to have an annual review panel to consider the operation of the procedure and the lessons to be learned from the cases which occurred during the year. There is no doubt that such conferences help to influence local attitudes and lead to an increasing all-round awareness of this problem.

V. NURSING STAFF

The staffing situation at the end of the year was as follows:

							Whole-time	Part-time
<i>Supervisory Staff</i>								
Superintendent nursing officer	1	—
Deputy superintendent nursing officer	1	—
Assistant superintendent nursing officers			4	—
							—	—
							6	—
<i>Other Staff</i>							—	—
Midwifery only	21	—
Midwifery and home nursing	63	6
Midwifery, home nursing and health visiting	11	—
Midwifery, home nursing, health visiting and school nursing	13	—
Home nursing only—								
S.R.Ns. (female)	22	7
S.R.Ns. (male)	5	—
S.E.Ns.	3	2
Home nursing and school nursing			—	1
Health visiting and school nursing			41	—
School nursing only	1	1
Tuberculosis health visiting only	1	—
Tuberculosis health visiting (mainly)	—	1
							—	—
							181	18
							—	—

At the end of 1970 there were eleven vacancies as follows:

Midwifery	2
Midwifery and home nursing	7
Health visiting and school nursing	2
							—
							11
							—

Miss M. Wells, district nurse/midwife/health visitor/Queen's nurse in the Dersingham area for the past eight years, was appointed as an assistant superintendent nursing officer on 1st June.

Recruitment to the nursing service has been steady throughout the year and once again invaluable help has been available from part-time staff.

Further attachment of nursing staff to general practitioners has taken place during the year. Although progress appears to be slow, time has to be allowed for the preliminary discussions necessary before such arrangements can proceed. On the whole there have been few problems, although personality and willingness to accept change does play a large part in any successful scheme. Doctors and nursing staff are encouraged to make their own local arrangements provided they are mutually acceptable. In general, this has led to a better patient/nurse/doctor relationship.

At the end of the year the arrangements were as follows:

	Wholly within attachment schemes	Partly within attachment schemes
Family Doctors 	63	29
Midwives 	6	2
Health Visitors 	9	8
District Nurse/Midwives 	20	3
District Nurse/Midwife/Health Visitors 	11	—
District Nurses 	11	4

Discussions are at present taking place with other members of the nursing staff and family doctors regarding schemes to be implemented in 1971.

Preliminary discussions have also taken place with neighbouring local authorities regarding the crossing of boundaries but, so far, no final plans have been made.

Study Days

Two successful study days for nursing staff were held in the Council Chamber at County Hall. The staff and visitors from hospitals and other local authorities expressed their appreciation of the excellent facilities which are now available for such occasions.

The programmes were as follows:

23RD APRIL

“Methods of Contraception”

Dr. Jean Infield, Medical Officer, Family Planning Association.

“Acceptability of Birth Control”

Dr. Barbara Law, Medical Officer, Family Planning Association.

“Implications of the Abortion Law”

Dr. John Breeze, Consultant Obstetrician and Gynaecologist, Great Yarmouth Hospital.

23RD OCTOBER

“The Value of Research”

Miss H. M. Simpson, Nursing Officer—Research, Department of Health and Social Security.

“Home from Hospital”

Miss J. K. McFarlane, Director of Education, Royal College of Nursing.

“The Future of Midwifery”

Miss B. D. Cox, Central Midwives Board.

“The Guthrie Test”

Demonstrated with slides by senior nursing staff.

Refresher Courses

Refresher courses were attended by nursing staff as follows:

Supervisors of midwives 	1
Midwives 	21
Health Visitors 	6
District Nurses 	6

The courses were greatly appreciated by the staff who attended, and most interesting reports were received and published in the quarterly bulletin.

Hospital Student/Pupil Nurse visits with Local Authority Staff

During the year 132 student nurses and thirty-one pupil nurses each spent one day with our nursing staff.

Two nurses taking the integrated nurse training spent a week with a district nurse / midwife / health visitor, and three nurses from Great Ormond Street Hospital spent a day in the county.

Telephone Answering Machines

Following the successful introduction of ten “Ansafones” during 1969, it was possible to provide a further ten this year. These are of great value and the staff do appreciate the added freedom which these machines afford. Their popularity has spread and some nurses are now asking if they can be placed on the waiting list for future issues.

Retired Nurses’ Reunion

As it was thought that many retired nurses in the county perhaps felt lonely and forgotten when they ceased employment, all retired staff were invited to a reunion at County Hall.

It was a great pleasure to welcome Lady Mayhew and thirty-five retired nurses on 7th July. This was a happy occasion and was thoroughly enjoyed by all who attended. Many expressed the hope that this could become an annual event, but without the voluntary assistance from some of the present staff the reunion would not have been possible.

Houses for Midwives and Home Nurses

Details of the housing accommodation provided for full-time permanent nursing staff at the end of the year are given below:

	No. of Houses	No. of Staff
Houses owned by the Council	49	52
Houses hired by the Council	12	12
Accommodation provided by staff	74	74

Fifteen of the houses owned or hired by the Council were furnished in whole or part.

In recent years nurses have been allowed to vacate purpose-built nurses’ houses in favour of their own accommodation, if they so wish. This concession has been particularly helpful to nurses nearing retirement. Unfortunately by this arrangement quite a number of houses remain vacant for fairly long periods. It is not possible to sell them since they may well be needed for the present nurse’s successors. It has, therefore, been decided to offer empty houses, even those in nursing districts being advertised, for the temporary use of county council or local authority staff at subsidised rentals, or to members of the outside public at more economic rents, which take into consideration the lack of security of tenure.

The following figures, therefore, augment those shown above:

Number of houses occupied by staff other than district nurses ..	4
Occupied by members of public	3
Unoccupied, but posts being advertised	6
Unoccupied and surplus to immediate requirements	5
	<hr/>
	18
	<hr/>

Houses at Rockland All Saints and South Creake were sold during the year, and arrangements are in hand for the sale of two further houses at Binham and Stow.

The policy of building houses for nurses was discarded in 1968 because of the changing needs of geographical areas. When a nurse is unable or does not wish to provide her own accommodation and the district council is unable to assist, a suitable property is purchased. One such purchase was made in 1970, that of the police house in Great Bircham which was surplus to police requirements.

Transport

Staff in the nursing service, apart from supervisory staff and full-time health visitors, are given the choice of providing their own cars or using county council owned vehicles. The fleet consists of Morris 1000 cars, mini travellers and mini vans, the purchase of this last type having been policy since 1968. Nurses have, however, been increasingly reluctant to accept mini vans and it has therefore been decided to purchase Renault 4 Estate cars in future as they appear to be well suited to the transport needs of nurses in this county. Unfortunately these cars are in great demand resulting in rather protracted delivery dates and none had been supplied by the end of the year.

VI. MIDWIFERY

Twenty-one whole-time staff were employed solely on midwifery duties at the end of the year, together with ninety-three midwives (six of them part-time) who also undertook other nursing duties. The whole-time equivalent was 51.6.

Training of Student Midwives

The Part II midwifery training schools at the Norfolk and Norwich and the West Norfolk and King's Lynn General Hospitals have continued to second students for three months domiciliary experience. During the year seventeen students have received this experience with the County Council's approved midwife teachers.

Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is undertaken by the council's supervisory nursing staff, acting as non-medical supervisors. At the end of the year, the numbers of midwives who had notified their intention to practice were as follows:

<i>Institutional</i>							
Hospitals	43
Nursing homes	3
							46
<i>Domiciliary</i>							
Local health authority	121
Private practice	2
							123
							169

Deliveries attended by County Council Midwives

Comparative figures for the past three years are as follows:

	1968	1969	1970
Midwifery/maternity cases (doctor not present)	1,257	945	931
Maternity cases (doctor present) ..	874	757	699
	<hr/> 2,131 <hr/>	<hr/> 1,702 <hr/>	<hr/> 1,630 <hr/>

The council’s midwives paid the following visits to these cases:

	1968	1969	1970
Maternity and midwifery	7,102	5,454	5,022
Ante- and post-natal	93,382	88,495	89,260

In addition, 644 visits were paid to 150 cases who miscarried.

Births

The number of births during the year to women normally resident in the authority’s area has decreased slightly, and the table below sets out the births notified under the Public Health Act, 1936, as adjusted by notifications transferred into or out of the area:

	1968			1969			1970		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
LIVE BIRTHS									
Actual	2,370	2,194	4,564	1,913	2,300	4,213	1,743	2,317	4,060
Adjusted	2,360	4,386	6,746	1,911	4,689	6,600	1,731	4,936	6,667
STILL BIRTHS									
Actual	8	25	33	9	22	31	10	23	33
Adjusted	7	70	77	10	80	90	10	78	88
TOTAL									
Actual	2,378	2,219	4,597	1,922	2,322	4,244	1,753	2,340	4,093
Adjusted	2,367	4,456	6,823	1,921	3,769	6,690	1,741	5,014	6,755

3,800 mothers confined in institutions were discharged before the tenth day.

VII. HEALTH VISITING

At the end of the year, forty-two whole-time health visitors (including one tuberculosis health visitor) and twenty-four nurses also undertaking midwifery and home nursing duties, were employed. Of these, fifty-four were also acting as school nurses.

The figures below summarise the visits made by health visitors during the past three years:

	1968	1969	1970
Children under 1 year	6,674	6,833	7,322
Children 1-2 years	7,457	7,540	7,982
Children 3-5 years	13,932	12,901	13,228
Total number of children aged 0-5 years visited	28,063	27,274	28,532
Total number of visits made to children 0-5 years	103,559	99,378	98,578
Number of persons aged 65 or over visited	1,110	1,084	1,144
Number of visits paid to persons aged 65 or over	5,359	4,992	5,483

Training

Three students commenced health visitor training in 1970 with financial assistance from the County Council. The two students sponsored by the County Council who commenced training in 1969 completed training and were employed by the Council at the end of the year on whole-time health visiting duties.

Student Health Visitors

Health visitor training centres seconded six of their students for one or two weeks rural experience.

All the students expressed their appreciation of the help and time the county health visitors spent with them, and found the experience stimulating.

VIII. HOME NURSING

Thirty whole-time and nine part-time staff were employed exclusively on home nursing duties at the end of the year together with ninety-two nurses (seven of them part-time) who also undertook other nursing duties.

The work carried out over the last three years is summarised below:

	1968			1969			1970		
	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total
Patients under 5 years ..	448	1,447	1,895	338	1,281	1,619	413	1,326	1,739
Patients aged 5-64 years ..	3,486	41,788	45,274	3,228	38,179	41,407	2,935	37,212	40,147
Patients aged 65 years or over ..	6,779	125,016	131,795	6,634	130,406	137,040	6,320	145,670	151,990
TOTALS ..	10,713	168,251	178,964	10,200	169,866	180,066	9,668	184,208	193,876

District Nurse Training Course

Two district nurse training courses have been held. One commenced in January, 1970, and there were fourteen candidates, all but one being successful in the examination. The second commenced in September and there were again fourteen candidates.

Authorities who second students for training include Norwich, Great Yarmouth, Ipswich and East and West Suffolk.

IX. VACCINATION

Childhood Protection Schemes

The acceptance by parents of courses of the established protective vaccines for their children continues at a high level. Nevertheless between 15 % and 20 % of the children do not receive protection for a number of reasons, the most important of which is the lack of positive parental decision, a state of affairs which the staff of this department in concert with family doctors are constantly trying to influence by offering the fullest information on the subject.

Comparative figures for the past five years are as follows:

Smallpox Vaccination

Year	Under 1 year	1-4 years	5-15 years	Total	Re- vaccination
1966	620	2,913	283	3,816	456
1967	585	3,095	312	3,992	539
1968	376	3,114	267	3,757	498
1969	146	3,089	230	3,465	632
1970	145	2,885	222	3,252	586

Diphtheria Vaccination

Year	Under 1 year	Primary Course		Total	Re-inforcing doses		
		1-3 years	4-15 years		1-3 years	4-15 years	Total
1966	2,142	3,310	585	6,037	2,131	6,583	8,714
1967	2,518	3,278	540	6,336	2,980	6,293	9,273
1968	2,133	3,282	262	5,677	3,032	6,167	9,199
1969	856	3,034	199	4,089	2,846	6,535	9,381
1970	707	4,920	437	6,064	1,366	6,810	8,176

Whooping Cough Vaccination

Year				Under 4 years	4-15 years	Total
1966	5,421	151	5,572
1967	5,769	202	5,971
1968	5,348	95	5,443
1969	3,840	68	3,908
1970	5,494	95	5,589

Tetanus Vaccination

Year	Primary Course	Re-inforcing doses
				0-15 years	0-15 years
1966	6,580	10,722
1967	6,886	11,704
1968	6,079	11,538
1969	4,417	12,418
1970	6,495	11,864

There were no reported cases nor notified deaths during the year.

Poliomyelitis Vaccination

		Primary Courses				
		1966	1967	1968	1969*	1970
Children 0-3 years	..	6,228	5,645	5,549	3,895	5,366
Children 4 years and over		556	560	326	309	556
Totals		6,784	6,205	5,875	4,204	5,922
		Re-inforcing Doses				
		1966	1967	1968	1969*	1970
		4,669	5,319	6,070	9,901	10,235

*1969 onwards oral vaccine solely

Measles Vaccination

Following the suspension of one manufacturer's vaccine in 1969 there has been only one manufacturer supplying the United Kingdom market with measles vaccine. The Department of Health and Social Security continued to distribute this vaccine but local health authorities became responsible for payment of all supplies.

Comparative figures since the introduction of the scheme in May, 1968, are as follows:

Year	Under 1 year	1-3 years	4-7 years	Others under 16 years	Total
1968	26	2,062	4,680	412	7,180
1969	3	1,873	1,263	910	4,049
1970	30	3,512	2,364	322	6,228

Rubella (German Measles) Vaccination

Late in 1970 the Department of Health and Social Security made rubella vaccine available. This vaccine gives protection against rubella or german measles, a mild disease, which, if it occurs during a pregnancy, can sometimes cause deformities of the unborn child. Thus the objective of this campaign against rubella is quite different in that no attempt is being made to reduce the incidence of rubella in children in younger age groups.

The live attenuated rubella virus vaccine (Cendehill strain) is being used and will eventually be made available for the immunisation of girls between their eleventh and fourteenth birthdays. Initially until adequate supplies can be provided, the campaign will be to immunise all girls in their fourteenth year of life, i.e., those aged thirteen. The purpose of the campaign is to protect these girls against rubella before they reach child bearing age without attempting to reduce the incidence of natural rubella infection in younger children. Its objective therefore differs essentially from that of the campaign for vaccination against measles for example which aims at the elimination of measles from the community.

Vaccination of women of child bearing age is not recommended routinely and pregnancy is a contra indication to the use of this vaccine. If vaccination is requested by women of child bearing age, a seriological test should be carried out through the Public Health Laboratory Service before the vaccine is given and only those sero-negative need be considered for protection. It is important to ensure that the woman is not pregnant at the time of the vaccination and does not become pregnant for at least two months after vaccination.

The initial response by parents to the offer of this vaccine for their daughters has been very good and the acceptance rate may well be as high or higher than that for the other vaccines referred to in foregoing paragraphs.

Total of thirteen-year-old girls vaccinated 1,078

B.C.G. Vaccination

Numbers of children skin-tested and vaccinated during the last five years are as follows:

Year				Tested	Negative	Vaccinated
1966	3,658	3,074	2,996
1967	4,659	3,949	3,906
1968	2,542	2,225	2,201
1969	4,386	3,855	3,814
1970	4,046	3,633	3,570

Vaccination for International Travel

Travellers abroad are advised to protect themselves and their families against the risk of contracting communicable diseases to which they may be exposed in localities in which they intend to stay or through which they may pass. Many countries require some or all travellers arriving from certain other countries to produce valid international certificates of vaccination against smallpox, yellow fever or cholera but, apart from any such requirements, persons going to most overseas countries are advised to be effectively vaccinated against typhoid and paratyphoid fevers and travellers to countries outside Europe other than North America should also be vaccinated against poliomyelitis. Vaccination against any disease other than yellow fever can be performed by a person's family doctor.

International certificate of vaccination forms are prescribed for smallpox, cholera and yellow fever. A form for the latter will be supplied after vaccination at the designated centre but the forms for smallpox and cholera should be obtained by the traveller himself for completion by the doctor. They can normally be obtained from the agency arranging the transport or from individual doctors. Local authorities may also, if necessary, be able to supply them, otherwise application should be made to the Department of Health and Social Security, Alexander Fleming House, London, S.E.1. After the certificate has been completed by the doctor it must be taken or forwarded to the district medical officer of health for authentication of the doctor's signature.

The International Sanitary Regulations specify the following periods for the validity of international certificates of vaccination:

Type of vaccination	Certificate valid for	Period validity begins	
SMALLPOX			
Primary vaccination if successful	3 years	8 days	After date of vaccination
Revaccination	3 years	At once	
CHOLERA			
Primary vaccination ..	6 months	6 days	
Revaccination within six months	6 months	At once	
YELLOW FEVER			
Primary vaccination ..	10 years	10 days	
Revaccination within 10 years	10 years	At once	

Prospective travellers should consult their own doctors at the earliest opportunity regarding the various vaccinations needed and the order in which these should be done, depending on the time available for their completion.

Organised school parties travelling abroad for holidays or educational purposes are becoming more popular and close liaison is maintained with the chief education officer and general practitioners about the protection which is necessary or advisable so that parents and teachers are fully aware of the situation.

Yellow Fever Vaccination

Where required under the International Sanitary Regulations, yellow fever vaccination can be done only at a centre designated by the Department of Health and Social Security. Every person requiring vaccination must make an appointment with the centre and a fee is charged for the issue of a certificate.

Vaccination against yellow fever is undertaken at the following centres:

Norwich:	Medical Officer of Health Churchman House 68 St. Giles Street Norwich, NOR 22E
Cambridge:	County Medical Officer of Health Shirehall Cambridge

X. AMBULANCE SERVICE

General

The general pattern of the ambulance service administered through the agency of the Joint Norfolk St. John Ambulance Brigade and British Red Cross Society Ambulance Committee has continued with two main stations at Norwich and King's Lynn and sixteen county district stations. The whole service is co-ordinated through the continuously manned radio and telephone county control at this headquarters, with the assistance of the West Norfolk sub-control at King's Lynn. Two major wage awards in 1969 and 1970, coupled with an increasing resort to paid crews and paid standby duty in areas formerly assisted by voluntary service, have increased the county ambulance service wages expenditure by 50% in two years. The ascertained ambulance running costs (excluding administration charges and the cost of ambulance vehicle replacements) increased from 3s. 10d. per mile in 1968-69 to 4s. 5d. per mile in 1969-70.

4,356 emergency cases conveyed by ambulances during the year represented 14.5% of a total of 30,113 patients for 1970. Statistics for the past five years are as follows:

Year	Patients	Mileage	Mileage per patient
1966	22,173	458,561	20.68
1967	24,132	512,904	21.25
1968	24,814	529,689	21.31
1969	28,255	580,973	20.56
1970	30,113	620,484	20.61

Ambulance Stations

The temporary tenancy for the King's Lynn five-ambulance station and sub-control in part of the T.A.V.R. Association's drill hall and garages expires in September, 1971. Following consultation with the Department of Health and Social Security it has been possible to advance the building of the ambulance station at the new King's Lynn district hospital from 1972-73 to 1971-72.

By the end of 1970 building of the ambulance station at Thetford was nearing completion and will become operational early in 1971.

Plans are well advanced for the building of a three-bay ambulance station at East Dereham in 1971. As at King's Lynn, the present station is temporarily accommodated in the T.A.V.R. drill hall (Norwich Road, East Dereham).

Sheringham and Harleston district stations have completed the building of their separate ambulance garages, financed from their own resources.

Ambulance Vehicles

In accordance with the special ambulance replacement programme outlined in the 1969 report, the County Council took delivery of twelve new Ford Transit Lomas ambulances (automatic gearbox and fibreglass coachwork) in the early part of 1970. These replaced twelve of the fleet of thirty ambulances with more than six years service. Ten of the ambulances replaced were disposed of, the best two of the twelve being retained to provide two additional ambulances in reserve, one being held at King's Lynn and the other at the Norwich district station. It is hoped that the revised annual vehicle replacement programme will enable the Council to provide at all times a fully operational fleet of thirty ambulances with reasonable vehicle reserves.

Ambulance Equipment

Minuteman resuscitators are now available at all eighteen ambulance stations and it is hoped to purchase more of these in 1971 to equip all ambulances. The need for entonox equipment on ambulances is under review.

National Ambulance Trophy Award

The winning of the national annual ambulance team trophy at Stoke Mandeville in August, 1970, was a noteworthy achievement for the Norfolk county ambulance service in their first year of entry and congratulations are due to the successful regional team which comprised two personnel from Norfolk and one from Ipswich County Borough. The earlier decisions of the County Council to switch to the new Ford Transit Lomas ambulance and to encourage all paid ambulance crews to undertake regional training at the Essex County Council training school at Danbury Palace near Chelmsford paved the way for this success. The crews competing were greatly assisted by excellent training facilities readily provided by the medical and nursing staffs in hospital casualty departments. Full-time ambulance personnel are entering the county ambulance competition early in 1971 as a prelude to the entry by the winning crews in the regional and national competitions.

Norfolk Accident Rescue Service

During the year, a medical practitioner at East Dereham, Norfolk, consulted local medical officers of health, hospital medical staff, medical practitioners and police, fire and ambulance services with his proposal to organise in this county a road accident after-care scheme similar to the one operating in the North Riding of Yorkshire over the past five years. He formed a steering committee of representatives of all services concerned, consulted all medical practitioners practising in the geographical county and, on 1st October, 1970, the Norfolk Accident Rescue Service was introduced with a nucleus of some ninety medical practitioners agreeing, on any police request, to help when possible at the scene of any accident within a five mile radius of their surgeries. Introductory training meetings have taken place and the central county

ambulance control is responsible for maintaining casualty records in consultation with doctors attending accidents and hospitals admitting cases. The scheme is registered as a charity and already a limited amount of basic equipment, including spinal boards, has been issued to participating doctors and to the services involved.

Statistics relating to the first seven months operation of the scheme are given below:

Number of doctors in scheme	100
Number of occasions doctors called out	175
Maximum daily call-out	4
Maximum number of attendances by a doctor during period ..	7
Number of road traffic accidents attended	136
Other medical emergencies attended	39
Occasions medical assistance rendered at scene	106
Ambulance left or call-out cancelled	36
Fatalities	
(i) Road traffic accidents	19
(ii) Other incidents	10
Serious injuries	168
Minor injuries	35

Organisation for Productivity Scheme

Reference was made in the 1969 report to the Council's decision to have their work study team undertake a feasibility study of the possible introduction of an incentive bonus scheme in the ambulance service. After a comprehensive survey of the complex pattern of winter and summer manning and stand-by arrangements at the existing eighteen paid and voluntary ambulance stations, the County Council's management services organisation has submitted a report to the joint ambulance committee detailing a reorganised pattern of main stations and sub-stations with revised manning schedules designed to eliminate uneconomic paid stand-by duty. It is hoped that when the committees concerned have fully explored these proposals, it may be possible to negotiate with the appropriate trade union some agreement on a re-organised pattern of service sufficient to make possible the introduction of a productivity scheme.

Car Service

The unprecedented rise in ambulance service costs over the past two years emphasises the importance of retaining the hospital car service in rural areas for the conveyance of sitting cases. Certainly, in this large rural county concerned with thirty-three treatment centres, it is the only practical method of coping economically with this type of case involving three-quarters of the total ambulance service mileage (2,500,000 per annum).

The following statistics show that the hospital car service is under increasing pressure:

Year	Patients	Mileage	Mileage per patient
1966	75,155	1,677,141	22.32
1967	80,695	1,803,947	22.35
1968	77,349	1,784,428	23.00
1969	80,989	1,850,960	22.80
1970	84,105	1,942,552	23.10

Lack of public transport facilities in rural districts aggravates the general tendency to extend the use of the service to cases medically fit to travel otherwise. Twice daily journeys to hospital day centres continue to multiply and at the end of the year the car service was coping with over fifty day care cases for five days of the week to seven different hospital centres. Obviously day care clinics have an increasingly important part to play in the rehabilitation and welfare of the elderly and infirm, but the nature of the cases makes it impossible to average more than two or three patients per car per journey, and a tendency to spread the area covered by a hospital day centre from 10-12 miles to 15-20 miles radius complicates still further the diverse pattern of patient journeys. These factors prevent the economic use of multi-seater vehicles with drivers and attendants. Despite close supervision of all sitting case car transport arrangements day by day at our main and west Norfolk ambulance controls, it has not been possible to improve upon an overall average of two patients per car and twenty-three miles per patient.

During the year the number of car owner drivers enrolled in the service decreased from 223 to 207. One-third of the car service drivers are licensed for private hire and a number of both private owner drivers and those licensed for hire are pressing for some revision of the current national hospital car service mileage rates. They give freely of their time with considerable waiting periods at hospitals and are finding it uneconomical to run the large cars preferred, at 9d. (3½p) per mile. It is hoped that following the review of hospital car service arrangements recently undertaken by the County Councils Association in consultation with all concerned, there will be a revision of mileage payments sufficient to enable us to maintain the hospital car service at a level adequate to cope with increasing demand. At the present time our car service is conveying some 84,000 patients per annum at half the cost involved in the conveyance of 30,000 stretcher cases by ambulance.

XI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Chest clinics are held by Dr. A. H. C. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth and by Dr. G. F. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham. The two tuberculosis health visitors (one whole-time and one part-time) attend most clinic sessions and carry out routine and follow-up visits to patients and contacts.

(a) Incidence

The numbers of new cases notified during the past five years are as follows:

Year	Respiratory	Non-respiratory	Total
1966 ..	74	12	86
1967 ..	54	13	67
1968 ..	49	11	60
1969 ..	35	10	45
1970 ..	38	14	52

(b) Mortality

Mortality figures for the same period are:

Year	Respiratory	Death rate per 100,000 population	Non-respiratory	Death rate per 100,000 population
1966 ..	7	1.7	1	0.2
1967 ..	7	1.7	2	0.5
1968 ..	4	0.9	5	1.1
1969 ..	4	0.9	2	0.5
1970 ..	7	1.6	3	0.7

(c) Visits to Tuberculous Households

The following table shows the visits made by health visitors to tuberculous households during 1970 with the comparative figures for 1969 given in parenthesis.

First visits	559	(582)
Re-visits	1,382	(1,335)
						<hr/> 1,941	<hr/> (1,917)

(d) Extra Nourishment

The decline in the incidence of tuberculosis is reflected in the falling demand for extra nourishment but provision is still made in necessitous cases on the recommendation of the chest physicians. 180 packets of Vitamin A and D were issued during 1970 for distribution by health visitors and at the end of the year fifteen patients were being supplied with free milk.

(e) B.C.G. Vaccination

See under Section IX. VACCINATION.

(f) Medical Arrangements for Long-Term Immigrants

Forty-two immigrants were notified as having arrived in this county from the following areas:

Commonwealth Countries

Caribbean	6
India	3
Pakistan	4
Other Asian	4
African	2
Other	6

Non-Commonwealth Countries

European	15
Other	2
									<hr/> 42

Follow-up visits are made by a medical officer of health or health visitor and immigrants are informed of facilities available under the health services and encouraged to register with a general medical practitioner. No cases of tuberculosis were notified among immigrants during 1970.

(g) General

A hospital library service, which is also available to home-bound patients, is jointly organised by the British Red Cross Society and the St. John Ambulance Brigade. The local W.R.V.S. depots supply articles of clothing in necessitous cases and the Friends of Kelling supply patients with special amenities.

(h) Joint Report of Chest Physicians

The chest physicians report as follows:

“It is reassuring to report that tuberculosis continues to decline in importance as a cause of ill-health, and this is borne out by the tuberculin index for Norfolk taken at the age of thirteen, which has now fallen to the lowest figure ever recorded, namely 5.5%. The index is a more reliable guide to morbidity than the figures of notification which have always been suspect owing to the differing opinions as to which persons showing evidence of infection should be notified as suffering from tuberculous disease.

In spite of the knowledge that modern treatment competently supervised by the doctor and conscientiously carried out by the patient can produce permanent arrest of the disease, the number of persons dying annually in Great Britain whose deaths are attributed to tuberculosis is around 2,000. This has not been accepted at face value and it prompted the British Thoracic and Tuberculosis Association to investigate the mortality figures. It was found that in some 40% the major cause of death was intercurrent disease, such as chronic bronchitis, cancer or cerebro-vascular disorders, and particularly was this so in the older age groups where the greatest mortality lies, and where the disorders of old age play a major part. A further 30% was found to be due to the ravages of the disease in the past, which had left damaged lungs, causing death from heart failure but without evidence of active disease. The remaining 30% was directly due to tuberculosis and was attributable either to failure on the part of the doctor by human error, particularly when the disease presented in unusual ways, but also to failure on the part of the individual, either to report suspicious symptoms or to accept the standard treatment of long-term, two years, chemotherapy.

The recognition of the infectious case and its effective treatment remains the goal, but the general decline in the risk of infection means that mass surveys of large numbers of the population by mass radiography has become uneconomic and accent must be placed on the provision of X-ray facilities for early reference by the family doctors. Moreover, the time may not be far distant when B.C.G. vaccination, apart from those at special risk, may also be relegated to past history and that tuberculosis before the end of the century will be numbered amongst the unusual and rare diseases.”

Health Education

Once again it is possible to report a year of good progress in the field of health education. The health education officer has worked well under the guidance of the senior medical officer to organise health education programmes in the county. While undertaking certain talks personally during the year, her major responsibility lies in ensuring that all aids, visual or otherwise, for the promotion of health are made available for use by other professional staff including medical officers, health visitors, nurses and midwives, dentists and public health inspectors.

The following summarises the main activities during the year:

(a) A monthly programme of health education was continued in 1970 and information on different topics sent out to health visitors each month together with sample leaflets and posters, and information about visual aids. The full programme was as follows:

January	Keeping Warm in Winter
February	Personal Health and Hygiene
March	Dental Care
April	Safety by Road and Water
May	Preparing for the Holidays
June	Dangers of Smoking
July	Hygiene in the Kitchen
August	Slimming
September	Safety with Electrical Appliances
October	Fire
November	Drug Dependency
December	Safety with Toys

Each health visitor uses her discretion on how and to what extent she is able to follow the suggested programme.

(b) Health Education in Schools

During the year many schools were visited by the health education officer and other members of the health department staff. Talks were given on a variety of subjects including personal relationships, sex education, drug addiction, the dangers of smoking, health and hygiene, dental care, child care, home safety and the work of the health department.

Junior school children were especially fascinated by the giant-sized ply-wood toothbrush and the tube of toothpaste used in the dental health demonstrations, and it is perhaps this work amongst the younger children that is the most rewarding and interesting for many people.

(c) Health Education to Adult Groups

Outside talks were given to various adult groups, especially women's organisations such as young wives' clubs and women's institutes. Various health subjects were covered, such as diet and nutrition, the prevention of accidents, the work of the health department, drug addiction and cancer prevention. The health education officer is on the list of speakers for the Mothers Union young members groups in Norfolk which provides a very useful forum to promote health education topics.

Perhaps the most effective means of influencing adults in healthy ways of living is by personal contact and advice during the course of the everyday work of professional staff, such as health visitors.

(d) Statistics

The total number of sessions of health education undertaken by health visitors during the year was as follows:

To school children	141
To adults at child health clinics	150
Other talks on health education (not mothercare)	337
Total health education sessions conducted by health visitors	628

The total number of lectures to schools and adult groups undertaken by the health education officer personally during the year totalled twenty-seven.

It has proved difficult to assess in precise terms the health education subjects which are most widely covered, as so much of the work is done on an informal basis by various staff outside normal working hours and consequently cannot be translated into statistics. There can be no doubt, however, that such subjects as safety in the home, child care, diet and hygiene, come high on the list. The results of all work of this nature, however, are intangible and not easily measured, so it is all the more important to stimulate and encourage staff to prevent the frustration and loss of heart which can so easily occur.

(e) Exhibitions

(i) Festival of Education

During July, a school health exhibition was displayed at Thorpe Secondary Modern School as part of an exhibition to mark the centenary of education in this country. The theme was "School Health Through the Ages" and special reference was made to the progress in dental health, health education and the dangers of obesity in school children.

(ii) Royal Norfolk Show

Although the health department did not have a separate exhibition this year, the health education officer assisted the farm safety officer in preparing a display entitled "Rats Spell Disease" which formed part of the farm safety exhibition.

(iii) County Hall

Two small displays have been exhibited in the foyer of County Hall during the year. One depicted the dangers of bonfire night and the other the dangers of unsafe toys with the theme "This Christmas—Choose Toys Carefully—Dangerous Toys Spoil the Fun".

(f) Campaigns

Towards the end of last year a campaign was begun to distribute school dental hygiene kits to five-year-olds at their first dental inspection. The kits consist of a small toothbrush, tube of paste, a beaker and a letter addressed to parents asking for their co-operation in encouraging their children towards good dental habits.

This campaign was continued in 1970 when a further 4,608 kits were purchased for distribution. It is hoped that children will be encouraged by these means to take greater care of their teeth.

(g) District Health Education Committees

Loddon Rural District Council continues to have a very effective and enthusiastic health education committee on which the health education officer represents the County Council.

In January of this year the health education officer took on the secretarial responsibilities of the Wayland home safety committee and in September the committee expanded to cover the field of road, home and water safety and became the Wayland Accident Prevention Committee.

The Sheringham Urban District Council has a safety-first committee and the Walsingham Rural and Wells Urban District Councils have a joint safety committee also dealing with road, home and water safety. These accident prevention committees or those able to cover all aspects of health education are to be greatly encouraged as they serve to bring additional resources into a field of activity which remains all too limited in resources of all kinds.

(h) Newspaper Publicity

An article by the health education officer stressing the dangers of overeating was accepted by the local evening paper for publication on the 6th February.

(i) Conferences and Courses

In January, the health education officer visited the Health Education Council mobile unit on location in Colchester to ascertain the general organisation and potentialities of the unit for possible future use in Norfolk. This model unit incorporates the most up-to-date equipment, including closed circuit television, and provides an attractive and colourful means of bringing health education to the public. It is hoped to bring the unit to the Royal Norfolk Show next year to cover a particular subject of our choice.

In April, the health education officer attended a one-week seminar for health education officers at Selwyn College, Cambridge, and in July, Dr. A. N. Hunter, senior medical officer, attended an international seminar in health education at the University of Manchester.

The health education officer represented the County Council at the 1970 National Home Safety Conference organised by the Royal Society for the Prevention of Accidents at the Friends House, London, in October. The theme of the conference was "Home Accidents—A Challenge of the '70's". Mr. Richard Sharples, M.P., Minister of State, Home Office, officially opened the conference and the address was given by Sir George Scott, Deputy President of RoSPA.

(j) Provision of In-Service Training

During the year the health education officer paid visits to all the local health areas to meet the health visitors to give advice on the care and maintenance of the 16 mm. film projector, carousel slide projector, super 8 mm. film-loop projector and to keep them informed of new films, equipment and other developments in the health education field. Two new 16 mm. films were shown; “Hooked”, an American film on drug addiction and “The Five”, a film on foot care. Each health visitor was given a new supply of posters and a poster tube for keeping them in.

Various visual aids are kept at each local health office for those participating in health education with further supplies at headquarters.

(k) Equipment

At the end of the year, ninety-six filmstrips, nine 16 mm. films and five super 8 mm. film-loops were available at County Hall, as well as a large selection of slides on various subjects. The super 8 mm. film-loop projector was purchased during the year, plus three slide/film slip projectors, and four portable screens. Quantities of Marler Haley peg board panelling were also purchased for distribution to the local health offices for use in small displays at clinics, etc.

Overall it has been an encouraging year in this sphere of the work of the department, and although it is never very easy to assess the response of the public to health education, people in general are apparently becoming more conscious of the rules of healthy living and factors detrimental to health, and it is the responsibility of local health departments to see that this awareness does not lapse.

Venereal Disease

One request was received during the year to trace a contact of an American Serviceman to arrange attendance at a treatment clinic.

Returns from the Norwich, King’s Lynn, Great Yarmouth and Lowestoft treatment centres relating to the attendance of new Norfolk cases were as follows (1969 figures in brackets):

Syphilis	7	(10)
Gonorrhoea	95	(104)
Other Conditions		578	(490)
						<hr/> 680	<hr/> (604)

Dr. D. W. Higson, the physician in charge of the treatment centre at the Norfolk and Norwich Hospital, has kindly provided the following report for 1970:

“New cases attending the department numbered 1,097 compared with 947 in 1969. Syphilis or gonorrhoea accounted for 131 compared with 152 in 1969 and 142 in 1968. The Department of Health and Social Security returns for England and Wales remain static for early infectious syphilis, but continue to show a marked increase in gonorrhoea.

Syphilis

One male resident in Norfolk was treated for early infectious syphilis, acquired in London.

Three cases of latent syphilis were treated, one resident in Norwich and two in Norfolk.

Gonorrhoea

New cases decreased from 141 to 127. Male cases accounted for 70 (78) and female 57 (63). One female infant with gonococcal ophthalmia is included.

TABLE 1. NEW CASES OF GONORRHOEA

				1970		1969	
Age				Male	Female	Male	Female
Under 16	—	—	—	3
16-17	3	10	3	11
18-19	6	8	11	12
20-24	21	22	30	25
25 and over	40	16	34	12
Total				70	56	78	63

The 15-19 age group in males was 13% (18%) and in females 32% (41%) of the total cases.

Six male and one female patient failed to respond to standard treatment and required re-treatment.

Six male and one female patient were re-infected.

TABLE 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age				Norwich		Norfolk (including Great Yarmouth)		Suffolk	
				Male	Female	Male	Female	Male	Female
Under 16	—	—	—	—	—	—
16-17	2	3	1	7	—	—
18-19	5	5	1	2	—	1
20-24	13	14	8	8	—	—
25 and over	24	6	16	10	—	—
Total	44	28	26	27	—	1

Of the male patients 54% (69%) contracted their infection in this area. Although this indicates an improvement it still shows a failure to control gonorrhoea.

Non-Gonococcal Urethritis

New cases numbered 138 (113).

Other Genital Conditions Requiring Treatment

New cases increased from 292 to 413. This included 78 cases of infestation with pediculosis pubis, 37 male and 41 female.

Trichomonad infection was present in 90 cases.

Conditions Requiring No Treatment

Screening tests were negative in 415 patients (390), of these 230 were male and 185 female."

Provision of Nursing Equipment

The Norfolk Branch of the British Red Cross Society and the St. John Ambulance Brigade continued to issue nursing and sick room equipment from their local medical loan depots throughout the year under the agency arrangements. Items supplied to patients in their homes on free loan included wheelchairs, commodes, bed rests, bed tables, bedpans, air rings, crutches and walking aids, the County Council paying rental charges. Larger items of equipment such as patient lifting hoists, bedsteads and mattresses and specialised apparatus, are similarly provided directly from the health department at County Hall.

The demand for disposable incontinence pads increased considerably during 1970 and 154,300 were supplied for distribution by nursing staff, compared with 118,600 in 1969. 888 sets of waterproof clothing were also provided together with supplies of disposable linings.

Home Dialysis

A kidney machine was installed during August for a patient at Framingham Earl, and although the hospital authorities are responsible for providing and maintaining this complex apparatus, the County Council was, as on previous occasions, called upon to assist with adaptations to the home to facilitate installation.

There was considerable anxiety about the effect of the power workers' dispute in December on patients whose lives depended upon the regular use of these machines and urgent consultations took place with the hospital and electricity authorities concerning the maintenance of power supplies to the two cases in Norfolk. The local district engineers of Eastern Electricity were extremely co-operative and gave an undertaking to make every possible effort to avoid cuts during the periods when the machines were in operation. As an added safeguard a standby generator was provided for the Framingham Earl patient, that district being considered more likely to be involved in a breakdown in supply, and staff of the County Architect's department are to be commended for arranging the installation of this generator remarkably swiftly at very short notice.

Recuperative Convalescence

The Council arranged for the attendance of twelve persons at voluntary convalescent homes, on the recommendation of family doctors, paying the maintenance charges in necessitous cases.

The Marie Curie Memorial Foundation

Grants totalling £296 were made under the Foundation's area welfare scheme and forty-three patients were assisted, thirty of these being provided with electrically operated 'ripple' mattresses specially hired for their use.

Chiropody

The decision mentioned in my previous report to impose a standard charge to patients of 4s. per treatment for both the domiciliary scheme administered by the health department and the group treatment scheme organised by the Norfolk Old People's Welfare Committee was duly implemented with effect from 1st April, 1970. Although complaints were received from some of the patients who had previously paid 2s. 6d. for domiciliary treatment, in general the new rate was accepted and it was appreciated that the charge was considerably less than the fee for private treatment. Many of the patients receiving

group treatment did in fact benefit from the new arrangement since the Council's subsidy under that scheme was previously limited to 3s. 6d. per treatment and the patient had to pay the balance of the chiropodist's fee, which in effect meant they were often paying more than 4s. per treatment.

Following approval of an increase in the establishment of chiropodists employed direct to provide domiciliary treatment from six to seven, the additional post was advertised nationally but recruitment was difficult and at the end of the year the vacancy had not been filled. However, the co-operation of the existing chiropodists in working overtime helped to prevent intervals between treatments becoming excessively long and in the main enabled an adequate service to be provided for priority cases, visits being made every four to six weeks. Non-priority patients did not receive treatment as frequently as we would have liked, having to wait three to four months between visits.

At the end of the year, 2,317 cases were currently receiving treatment and a further thirty-one newly registered cases were awaiting a first visit. In addition there were 385 cases in hospital or otherwise away from home but still on the register. 216 patients died during the year and 198 other cases were removed from the register for various reasons.

Comparative figures for the past five years are as follows:

Year	Persons visited	Treatments given	Average number of treatments per person per year
1966	1,572	6,074	3.85
1967	1,818	8,429	4.63
1968	2,352	8,893	3.78
1969	2,718	11,327	4.16
1970	3,116	13,085	4.20

Two of the Council's chiropodists attended the four-day post-graduate course at the London Foot Hospital in July.

Under the Norfolk Old People's Welfare Committee group treatment scheme 31,553 treatments were given in 1970 by private chiropodists employed on a sessional basis, involving 6,000 persons aged sixty-five years or over.

In December, following clarification from the Department of Health and Social Security as to the allocation of functions between the Council's health and social services committees under the Local Authority Social Services Act, 1970, it was decided that the provision of chiropody services should be the entire responsibility of the health committee with effect from 1st April, 1971, and that a scheme should be prepared for the co-ordination and integration of the existing services.

Cervical Cytology

There has been no change in the arrangements for undertaking this screening test for the early detection of cancer of the cervix. General practitioners are responsible for taking the smear, either personally or by arrangement with the appropriate hospital clinic though a few smears are also taken at the family planning clinics. The shortage of trained technicians was not wholly resolved and restrictions remained for most of the year on the routine screening of well women to the age group over thirty-five.

Figures of the number of smears taken are only available for the first six months of the year, but are running at the rate of about 400 per week though this includes those carried out at the North Cambridgeshire and Doddington

Hospitals. Assuming a similar number in the second half of the year, this would constitute something less than 20 % of all the women in the qualifying age group. About 44 % of the specimens were taken by general practitioners, 40 % at obstetric or gynaecological clinics and a further 10 % at family planning clinics. No breakdown is available of statistics according to age.

During this period there were just over seven positive cases per 1,000 tests though less than half of these were subsequently confirmed by biopsy.

Fluoridation of Water Supplies

Up to the end of 1970 the County Council had not agreed to the making of arrangements with water undertakers for the fluoridation of water supplies.

XII. HOME HELP SERVICE

In 1965 the health committee's ten year plan envisaged a 20 % increase in the home help service in 1966, reducing to an annual increase at the rate of 7½ % by 1969. The following statistics indicate the extent to which the rate of growth to the end of 1969 exceeded the long-term forecast.

Year	Total cases assisted during year	Cases being assisted at end of year	Hours of service provided	Increase in hours of service over previous year
1966	1,995	1,431	481,193	17.8 %
1967	2,372	1,706	550,295	14.3 %
1968	2,759	1,845	600,035	9.0 %
1969	3,131	2,002	664,721	10.7 %
1970	3,555	2,426	691,354	3.9 %

96 % of the hours of service is provided for the elderly, the sick and the infirm. Despite rising costs and the inevitable snowball effect of many of the long-term cases, it has been possible to maintain service for all in need.

The home help organising staff has been increased by four during the year, bringing the total to thirteen with the objective of having two assistant organisers in each of the six local health areas. Three of the existing assistant organisers left during the year so that altogether seven new staff have had to be trained. With the strengthening of case supervision in all areas, it has been possible to meet the varying needs of households week by week, whilst conserving available resources to cope with the several hundred new cases which arise year by year. It is significant that in 1970 it has been possible to maintain the average weekly hours per case at six, the economic level achieved in the previous year. Unpredictably in 1970 the annual growth rate of the service lessened considerably to below half that for the preceding two years. This was not due to any attempt to deny service to those needing it.

The home help organiser has continued regularly to attend the quarterly area case conferences convened by the children's officer in furtherance of the sustained policy of using the home help service to meet, in every way possible, the needs of domiciliary cases brought to light by children's, welfare and health services.

During 1970 the Government social survey of the home help service in England and Wales emphasised the vital need to extend the service still further to cope with increasing demands from the elderly, the chronic sick, households in need during mother's confinement, during short-term illness, families needing care during the difficult period following earlier hospital discharge and from problem families.

During the year under review home help 'clean-up' squads have undertaken intensive work at twenty-eight households involving over 2,000 hours of service. Twelve problem family cases were also dealt with by specially selected home helps working in close liaison with other welfare services. One case alone required the services of up to six home helps for a total of one hundred and thirty hours. Dispensing with chickens, cats and other pets in houses, coping with an accumulation of three sackfuls of washing, are examples of conditions dealt with in these difficult cases. During December the list of special cases reached eight and on dark mornings with no light, water or heat in some of these desperate households the provision of effective service becomes extremely difficult. Indeed, a word of commendation must be included here for the practical team spirit constantly maintained between the female organising staff and home helps undertaking these cases who often give service far beyond that normally expected.

The policy of relying entirely upon part-time home helps has proved to be the most practical method of coping with varying needs in all parts of the county over the years. Inevitably there is a considerable turnover of available home helps at various times of the year in different districts and in addition to careful weekly supervision of home help cases the home help organising staff are constantly meeting the challenge of recruiting home helps to replace those leaving and providing those required for new cases. The number registered at the end of each of the past five years was 868, 1,001, 1,108, 1,346 and 1,373 respectively. Of the 1,373 registered at the end of 1970, 1,026 were actively employed.

With the increase in establishment of home help organising staff plans had been made to start a home help training scheme in a converted cottage on the outskirts of Norwich. Unfortunately the premises had to be demolished but it is hoped that a training scheme will be commenced early in the coming year. Once the home help training scheme is under way it is intended to establish mobile squads of home helps equipped with mopeds as proposed in 1968.

There has been a very gradual approach to the pilot scheme in one area of the county where, as mentioned in the previous year's report, the home help service is making available an emergency night service for elderly persons subject to medical breakdown. Very few cases have, so far, been dealt with, the intention being to limit this extension of the service to terminal sickness cases of very short duration.

In general it can be said that the county home help service is well established in each of the six local health areas which are to become the basis for the area organisation of the new social services department in 1971, working to a carefully co-ordinated policy through the home help organiser and maintaining an even pattern of service and availability throughout the county. Furthermore, central organisation is geared to meeting the special needs of problem households as they arise in any part of the county. The health committee has always ensured the closest co-operation with all welfare services and the home help service is ready to meet the new challenges within the framework of the new county social services department.

XIII. MENTAL HEALTH SERVICE

Introduction

Legislation was passed during the year which finally decided the manner in which the mental health services of the future will operate, but a great deal of clarification on working procedures will be necessary at local level.

The passing of the Act transferring the responsibility for the education of mentally handicapped children to education departments had been anticipated

for some time and is in many respects recognition of the work health departments have undertaken in junior training centres which has helped to show the latent ability of many subnormal children. The placing of the responsibility for case-work and the training of adults with the new social services departments had not previously been so clearly foreshadowed and there must continue to be many medical aspects which, if the service is to function effectively, will necessitate close working relationships between the health department and the social services department.

In the meantime, pending the new legislation becoming operative, the development of the service has continued as planned. A new hostel for twelve mentally subnormal children was opened at Old Catton in July and at King's Lynn a large council house was rented from the borough council to provide the first small residential unit of this type. Three mentally subnormal adults were transferred from Harvey House to this council house in September and a successful small family unit is now functioning well with an understanding landlady who is paid a retaining fee.

The successful appointment of a head psychiatric social worker in conjunction with the Group 8 Hospital Management Committee marks a turning point in the provision of personal case work services and should assist the development of a joint approach to mental health problems and the best use of the available social workers employed by the hospital authority and the Council.

Staff

(a) Establishment

(i) WELFARE OFFICERS

One additional post was added to the establishment bringing the staff to:

Area welfare officers	6
Senior social welfare officers	6
Social welfare officers	16
Welfare assistants (trainees)	6
Mental health worker (female whole-time)	1
Psychiatric social worker (joint appointment)	1
<hr/>								
Total	36
<hr/>								

(ii) TRAINING CENTRES

With increasing numbers attending the junior and adult centres it was necessary to increase the teaching, managerial, ancillary and domestic staff whilst the appointment of a part-time physiotherapist at the King's Lynn junior centre marked a new development in the service.

(b) Training

(i) MENTAL WELFARE OFFICERS, TEACHING AND MANAGERIAL STAFF

Unqualified staff are encouraged to attend suitable training courses with a view to becoming professionally qualified and during the year eight members of the welfare staff were away on social work courses and eight members of training centre staffs were attending courses leading to qualification as teachers or instructors in training centres.

(ii) GENERAL

In-service training was assisted by attendance at various short courses and conferences. These included the attendance of teachers and managerial staff at refresher courses organised by the Staffordshire County Council and by the National Association for Mental Health and for welfare officers, conferences and courses on the care of the elderly, on marital problems and on case work and also general training courses organised by the regional welfare officers' group. Senior officers also attended the annual conference of the National Association for Mental Health and of the Federation of Mental Health Workers.

Two local conferences for training centre staff were held in April and September. Dr. J. F. P. Quinton, consultant paediatrician, was the speaker on both occasions when, with the assistance of Miss A. Kew, senior physiotherapist, various forms of handicap in children and methods for helping such children were demonstrated.

In anticipation of the setting up of the new social services department a staff development and training officer was appointed to serve the three existing departments. As a beginning of planned in-service training an induction course for newly recruited officers was organised.

Mental Illness

(a) Hospital Admissions

There was no marked trend in the pattern of admissions to hospitals although there was some reduction in the number of informal patients dealt with by the mental welfare officers. Frequent use is made of Section 29 of the Mental Health Act as a convenient method of admission for patients for whom it would be difficult to arrange a second medical opinion in a situation which could give rise to urgency. The officers assist as necessary in the admission of informal patients and the object of the service is to work with the general practitioner and the hospital consultants to ensure that the best interests of the patient are served.

(b) After-care

As in the past this was mainly provided by the mental welfare officers who are assisted in assessing the extent of after-care required by attending informal case conferences at the hospitals. The psychiatric social clubs at Norwich and King's Lynn, organised by the mental health worker, is one means of helping patients on discharge from hospital and further development of these clubs is anticipated. It is very encouraging to see members of the club resume their normal activities and one outstanding example of this occurred during the year when a middle-aged member, who had been supported by the club for some years, was able to take up full time residential employment quite successfully.

Mental Subnormality

(a) Hospital Waiting List

During the year a complete review of the list was undertaken. Each family was visited by the mental welfare officer for the area and a re-assessment made of the need for admission and the degree of urgency. With the development of the Council's services for the subnormal, particularly adult training centres, it was apparent that many families who had, in the past, demanded urgent admission, are now prepared to keep their son or daughter at home. Consequently a number of names were removed from the list or transferred to the potential list.

The reduction in the list is mainly due to this review although the regional hospital board was able to offer vacancies for a few critically urgent cases, some of whose names did not appear on the waiting list, as crises can arise in families who have not previously applied for hospital care and their urgent need has to be met.

(b) Short Term Care

This service helps in a number of ways. For example, families can go on holiday and have a much needed respite from the continued care of a severely handicapped child or adult. It also assists in preventing the break-up of families and gives relief where there is undue strain on supporting members in a household or in family illness. Every effort is made to find accommodation either in hospital or private homes and during the year 106 persons were assisted in this way of whom forty-one were accommodated in hospital, thirty-six in Council provided residential homes, and twenty-nine in private homes. This service is provided without charge to the parents or other relatives.

(c) Training Centres

(i) GENERAL

As this report relates to the last full year for which the health committee was responsible for junior and adult training centres it may be of interest to record a brief history of the growth of this service.

Prior to 1946 there were no centres in the county but as the result of a survey carried out at that time it was apparent that the first priority was to establish occupation centres (later called junior training centres), the first being opened at Sprowston in May, 1949, with twelve children in attendance. In September, 1949, a second centre was opened at King's Lynn with fourteen children. Both these centres were in adapted hired premises and as the number of children attending increased and the extent of their response to training became known, it was obvious that to give them the opportunity they needed, more adequate facilities were required. The committee therefore decided to plan for new purpose-built centres so situated as to cover the whole county with the provision of transport over a wide area. It also recognised that while there was a need to establish adult training facilities, first priority would have to be given to the juniors. In the meantime home teachers were appointed to provide some training and social facilities for children and adults until new centres were available. The home teachers provided this service mainly through the organisation of weekly clubs affording training in handicrafts and social activities.

By 1961 four junior training centres were in operation, new purpose-built centres being opened at Attleborough in February, 1960, and at Holt in January, 1961. The junior centre building programme was finally completed when new centres replacing the original centres at Sprowston and King's Lynn, were opened at King's Lynn in June, 1965, and at Old Catton in November, 1968.

As previously mentioned it soon became apparent that children attending training centres were capable of assimilating a good deal of knowledge and various subjects including hygiene, music and movement, handwork, word and number appreciation were taught. Following the publication of the Scott Report the Council decided to designate the supervisory staff at training centres as teachers and they were given every encouragement by the provision of equipment, books and other aids to bring the best out of the children. The centres were gradually developed to operate on similar lines to schools, with

school meals and milk, school medical and dental examinations and school holidays. It has been a gratifying experience to note the progress of the children and it has also been a great encouragement to staff working with the mentally handicapped to receive so much support and help from members of the Council and from the public.

The first adult training centre in the county was provided as part of the comprehensive training centre at King's Lynn and opened in 1965. Prior to this the Norfolk and Norwich Association for Mentally Handicapped Children had pioneered the service with the opening of their own training centre in Norwich which was attended by a number of adults from the county. In 1967 an adult section was added to the Attleborough training centre and a new purpose-built adult centre opened at Holt in November, 1968. A further adult training centre is now being built at Sprowston to open in 1971 and further centres are planned at Attleborough and East Dereham. It is also proposed to build a new centre at King's Lynn to replace the existing adult section of the comprehensive training centre.

Adult training centres have proved very successful and a wide variety of work is undertaken, whilst facilities for social education are also provided. The whole outlook towards the care of the adult subnormal has changed with the knowledge of the abilities of quite severely handicapped persons to undertake routine industrial work and those at a higher level to make both concrete and wooden products. Some idea of the development of the service is given in the figures shown below of the position in 1949 when the first centre was provided and those for the last seven years.

		Attendances at 31st December							
	Places	1949	1964	1965	1966	1967	1968	1969	1970
JUNIOR CENTRES									
County Council									
Attleborough ..	40	—	34	39	39	34	46	56	64
Holt ..	40	—	30	30	31	31	29	30	30
King's Lynn ..	68	14	67	65	64	69	71	87	87
Sprowston/Catton	92	12	61	67	65	70	77	96	98
	<u>240</u>	<u>26</u>	<u>192</u>	<u>201</u>	<u>199</u>	<u>204</u>	<u>223</u>	<u>269</u>	<u>279</u>
Other Authorities									
Bury St. Edmunds	—	—	1	1	2	2	2	2	2
Great Yarmouth ..	—	—	15	13	13	15	13	15	14
	<u>240</u>	<u>26</u>	<u>208</u>	<u>215</u>	<u>214</u>	<u>221</u>	<u>238</u>	<u>286</u>	<u>295</u>

		Attendances at 31st December							
	Places	1949	1964	1965	1966	1967	1968	1969	1970
ADULT CENTRES									
County Council									
Attleborough ..	30	—	—	—	—	22	33	35	39
Holt ..	60	—	—	—	—	—	43	53	58
King's Lynn ..	75	—	—	40	47	55	65	76	89
	<u>165</u>	<u>—</u>	<u>—</u>	<u>40</u>	<u>47</u>	<u>77</u>	<u>141</u>	<u>164</u>	<u>186</u>
Other Authorities									
Great Yarmouth ..	—	—	13	16	17	16	19	21	26
Norwich ..	—	—	40	41	55	56	51	49	48
Bury St. Edmunds	—	—	—	—	1	1	1	1	1
March ..	—	—	—	—	—	1	1	1	1
	<u>165</u>	<u>—</u>	<u>53</u>	<u>97</u>	<u>120</u>	<u>151</u>	<u>213</u>	<u>236</u>	<u>262</u>

(ii) ACTIVITIES DURING THE YEAR

Both the junior and adult centres continued to function satisfactorily and no major difficulties arose. Miss Gillian Fenn, M.A., completed her research at the Catton centre into the language of severely subnormal children and in the preliminary notes on her project she expressed pride at the way the children had responded to her work. During the year staff salaries were reviewed and general assistants were re-classified as welfare assistants and placed on a salaried basis. The incentive pay scheme in adult training centres was revised to give higher payments to those who are capable of good and sustained work.

In view of the impending changes in responsibility for training centres Miss T. Byles, the head teacher of the Attleborough junior training centre, who was responsible for the opening of the adult workshop in September, 1967, opted to remain as head teacher of the junior centre and to relinquish her post as the manager of the adult centre. Consequently authority was given for the appointment of a manager for the adult section with a view to this officer taking over the new adult training centre to be built in Attleborough during the next two years. The success of the Attleborough unit has to a very large extent been due to Miss Byles' enthusiasm and encouragement both to the staff and to the trainees. Her work has been much appreciated.

445 people visited the various centres when they were open to the public during National Mental Health Week in June. Visitors included organised parties of school children and one of the features of junior training centres in the past few years has been the interest shown by the staff and pupils of local secondary modern schools. Encouragement has been given to the older pupils to visit training centres and in some instances two or three pupils have spent a day each week helping with the children.

Gifts of all kinds were received at all training centres and various organisations raised considerable sums for the children's amenity funds.

(iii) TRANSPORT

With one or two exceptions all children attending junior training centres are conveyed either by contractors or by council-owned vehicles. Persons attending the adult training centres are encouraged, wherever possible, to travel on public transport, season tickets being issued as appropriate. However, owing to the sparsity of public transport in the county most adults do have to be conveyed to the centres and at the end of the year fifty-two routes were operating, thirty-seven by contractors and fifteen by council-owned vehicles. A total mileage of 622,834 was covered by contractors and 347,658 by council-owned vehicles. Transport costs increased considerably during the year in the main due to higher mileage rates granted to contractors following increases in running expenses.

(d) Adult Social Clubs and Home Teaching

Six adult social clubs organised by the two home teachers are held each week and visits are also paid to the homes of certain adult subnormals. The home teachers undertake their duties enthusiastically and give considerable pleasure to a group of persons who, usually for family reasons, cannot attend adult training centres, but who look forward to their weekly outing to a social club.

As in previous years the home teachers were also responsible for organising two holidays which catered for 166 subnormal persons, 121 at a holiday camp in Hopton, in May, and forty-five at the Pleasaunce, Overstrand, in September. Members of the staff of the adult training centres and a number of voluntary helpers assisted the home teachers with these holidays. The Norwich authority arranged for trainees attending the Norwich centre, including forty-five from

the county, to spend a similar holiday at the Hopton holiday camp. Good weather was experienced this year and the holidays gave great pleasure to those attending as well as providing excellent social training. In addition it gave many parents the opportunity to enjoy a holiday themselves while their son or daughter was away.

Residential Accommodation

Harvey House hostel for adult subnormals continued to operate satisfactorily during the year with the twenty-five beds occupied, one being used for short-term care. Half-yearly case conferences were held at the hostel when problems relating to the residents were discussed and assistance and advice given as required.

For the past two years efforts have been made to rent large council houses from housing authorities in order to provide accommodation for three or four carefully selected subnormal adults to live in the care of a landlady who would be paid a retaining fee by the Council. Despite a good deal of preparatory work with the district councils, the first house offered for rental for this scheme did not become available until the summer when the offer of the King's Lynn Borough Council of a modern four-bedroomed council house was accepted. Three adult male subnormals, residents in Harvey House, were selected for this house and took up residence on the 13th September. The scheme has operated well and no major difficulties have arisen, the key to the success being the appointment of the right landlady. We have been fortunate in finding a person who is prepared, with her husband, to regard the three subnormals as part of their family and to encourage, advise and even to discipline them where necessary. With the co-operation of the housing authorities it is hoped to extend the scheme in the future.

In July, the Council's first hostel for twelve subnormal children was opened at Old Catton on a five-day week basis providing accommodation for children who, for family or social reasons, need training and care in a hostel setting and, being suitable, attended the nearby Catton junior training centre in the daytime. In the first month of operation when the junior training centre was closed for the summer holiday the hostel was used for short-term care, assisting parents who otherwise might not have been able to have a break from the care of their children and giving the staff valuable help as a trial operation of the hostel.

Meetings were held at St. Andrew's hospital regarding the need for residential accommodation for persons in local mental hospitals who it was felt were ready for discharge but had no home to which to return. The Council's plans for hostels include two for the elderly mentally infirm and one for discharged patients who are suitable for rehabilitation and/or employment but this latter hostel will not be available for three to four years. The head psychiatric social worker studied the problem in detail and with the agreement of the hospitals it was decided that the Council's scheme for the boarding out of mentally disordered persons should be extended and every effort made to find suitable lodgings. Some consideration was given to advertising for accommodation but it was eventually decided that it would be preferable to start the scheme in a small way by the field staff making personal enquiries as to suitable landladies. Here again, success depends on the right person being placed with the right landlady in the right environment and a good deal of supportive casework will be necessary. As the scheme grows additional social workers will be required to organise and supervise it. In addition to being more economical and more flexible than purpose-built hostel accommodation the successful development of the scheme will enable more persons to take their discharge from hospital and to live within the community.

Registration of Residential Accommodation

A new home at Burlingham for adult subnormals to be provided by the Norfolk and Norwich Society for Mentally Handicapped Children was registered during the year. The list of premises registered with the Council, which are visited by medical and welfare staff, is given below:

“Crossways”, Threxton	Eighteen subnormal children under ten years.
7 Roydon Road, Diss	Three subnormal children up to the age of five years.
“Four Wyndes”, 114 Bexhill Road, Downham Market	Three subnormal males over the age of fourteen years.
“Hales House” Holiday Home, Winterton-on-Sea	Twenty-four subnormals—no age limit.
“Ceres Villa”, 31 Norwich Road, Thetford	Three subnormal children under twelve years.
“Meadow Cottage”, Overstrand, (registered as a nursing home) ..	Fifteen mentally and physically handicapped children.
The Old Rectory Nursing Home, Burston, Diss, (registered as a nursing home)	Twelve subnormal children.
“Burlingham House”, Burlingham	Seventeen subnormals over sixteen years of age.

Guardianship

No new cases were placed under guardianship and the order was allowed to lapse in one case because of the stable circumstances. No real problems arose during the year, the seven persons under guardianship being visited by medical and lay staff as required by the regulations and advice and assistance given to the household and the subnormal person.

Voluntary Bodies

The Norfolk and Norwich Association for Mental Health opened a further group home for elderly persons discharged from hospital and the five homes which this association now runs in Norwich have proved very successful.

Following conferences with the mental hospitals and the local authorities the association decided to organise a day centre in Norwich in the first place on two days each week and this opened on the 2nd November with supervision from a part-time warden. The Health Committee decided that this pioneer venture should be supported and budget provision was made for a grant in 1971. The Norfolk and Norwich Society for Mentally Handicapped Children achieved one of its main objectives when a suitable property was acquired at Burlingham for a home for young adult subnormals. This project is of a long-term nature, the main house being used for accommodation in the initial stages but, later on, as money becomes available, it is planned to provide small residential units in the grounds and to establish workshops. Extensive alterations are being undertaken and the home should open early in 1971.

The afternoon and evening clubs for subnormal persons (called Wednesday or Saturday Clubs) continued to function satisfactorily. The original club at Princes Street Congregational Church, Norwich, was extended during the year to include a later evening club with the idea of encouraging more mature adults to take part in educational activities.

It is of interest to record that H.M.S. *Norfolk* decided to adopt the Norfolk and Norwich Society for Mentally Handicapped Children as its charity during the year and when the ship was anchored off Great Yarmouth the Chairman of the Council was invited to accept the gift of a cake baked by the ship's cook for presentation to the society for distribution to mentally handicapped children.

An excursion to the ship was also organised in which both adults and children from training centres participated. Unfortunately the weather was too bad to allow small boats to approach and a tea party which was to have taken place on board was transferred to a church hall where a very splendid meal was provided by the ship's company.

ANNUAL FIGURES

(Where appropriate and for the purpose of comparison, figures for the year ended 31st December, 1969, are shown in brackets).

Community Care

(a) *Mentally ill*

(i)	Cases at 1.1.70	389	(348)
(ii)	New cases referred	287	(353)
(iii)	Cases closed during year	284	(343)
(iv)	Current cases at 31.12.70	413	(358)
(v)	Visits made during year:						
	(1) to patients	3,433	(3,131)
	(2) associated visits	728	(605)
(vi)	Number attending psychiatric social clubs	17	(16)

(b) *Mentally subnormal*

(i) *Number on mentally handicapped register (subnormal and severely subnormal)*

			Male		Female		Total
Guardianship cases at 1.1.70	..		4	(3)	4	(3)	8 (6)
Discharged during year	—	(—)	1	(—)	1 (—)
New cases placed under guardianship:							
By courts	—	(—)	—	(—)	— (—)
By applications	—	(1)	—	(1)	— (2)
TOTALS (at 31.12.70)	..		4	(4)	3	(4)	7 (8)
Cases receiving welfare visits	..		713	(615)	570	(532)	1,283(1,147)
GRAND TOTALS	717	(619)	573	(536)	1,290(1,155)

(ii) *New cases arising during year*

Notified under Section 57 of the Education Act, 1944, or referred informally under Ministry of Education Circular 12/60

Reported by Education Committee as requiring care and guidance

Other referrals

39 (25) 25 (16) 64 (41)

11 (13) 17 (17) 28 (30)

17 (24) 10 (16) 27 (40)

TOTALS 67 (62) 52 (49) 119 (111)

(iii) *Receiving training*

At junior training centres:

In Norfolk (4) 185 (170) 94 (99) 279 (269)

Outside county (2) 9 (9) 7 (7) 16 (16)

TOTALS 194 (179) 101 (106) 295 (285)

At adult training centres:

In Norfolk (3) 107 (96) 76 (68) 183 (164)

Outside county (4) 48 (40) 31 (32) 79 (72)

TOTALS 155 (136) 107 (100) 262 (236)

Under home teachers (2)

At home 6 (4) 18 (16) 24 (20)

At adult social clubs (6) 17 (17) 51 (56) 68 (73)

TOTALS 23 (21) 69 (72) 92 (93)

In residential accommodation:

N.C.C. hostel 18 (12) 15 (9) 33 (21)

Other homes and hostels 2 (1) 2 (1) 4 (2)

TOTALS 20 (13) 17 (10) (37) (23)

GRAND TOTALS 392 (349) 294 (288) 686 (637)

Number of admissions dealt with by mental welfare officers

(a) *Mentally ill*

			St. Andrew's	Hellesdon	Other hospitals	Totals
Section 25	30 (38)	5 (15)	1 (—)	36 (53)
Section 26	15 (1)	3 (11)	— (—)	18 (12)
Section 29	88 (102)	125 (101)	6 (3)	219 (206)
Section 60	2 (2)	2 (—)	— (—)	4 (2)
Informal	167 (302)	164 (179)	30 (19)	361 (498)
TOTALS	302 (443)	299 (306)	37 (22)	638 (771)

(b) Subnormal

Little Plumstead		Other hospitals		Total	
Section 26	2 (1)	— (—)		2 (1)	
Section 60	1 (2)	— (—)		1 (2)	
Informal	29 (12)	3 (2)		32 (14)	
TOTALS	32 (15)	3 (2)		35 (17)	

35 (17)

GRAND TOTAL 673 (788)

Patients already in hospital dealt with under Sections 25 and 26 41 (51)

Social history reports prepared in respect of patients admitted to hospitals for the mentally ill 280 (340)

Subnormal persons admitted for short-term care

Regional hospital board establishments				Male		Female		Total	
For one day (dental treatment) ..				6	(5)	5	(7)	11	(12)
For longer periods				24	(37)	17	(15)	41	(52)
County Council Hostels ..				22	(—)	14	(—)	36	(—)
Private homes				18	(8)	11	(9)	29	(17)
TOTALS				70	(50)	47	(31)	117	(81)

Number of persons on waiting list for admission to hospital

(i) Hospitals for the subnormal

Severely subnormal		Subnormal				Total			
M F		M F		M F		M F		M F	
Very urgent ..	5 (5)	6 (4)	— (1)	— (1)	5 (6)	6 (5)			
Urgent ..	13 (17)	2 (14)	1 (4)	1 (2)	14 (21)	3 (16)			
Not urgent ..	14 (16)	6 (4)	3 (6)	2 (2)	17 (22)	8 (6)			
TOTALS ..	32 (38)	14 (22)	4 (11)	3 (5)	36 (49)	17 (27)			
Potential cases ..	15 (14)	21 (13)	4 (3)	6 (6)	19 (17)	27 (19)			
	47 (52)	35 (35)	8 (14)	9 (11)	55 (66)	44 (46)			
TOTALS ..	82 (87)		17 (25)		99 (112)				

(ii) Mentally ill

(The Vale Hospital, Swainsthorpe)

Male	Female	Total
7 (5)	30 (16)	37 (21)

XIV. NATIONAL ASSISTANCE ACT, 1948

Welfare of the Blind

(a) Registration

199 persons were examined during the year by ophthalmic surgeons.

Cases on register at 1.1. 70	826
New cases certified as blind	98
Inward transfers	13
		—	111
			937
Cases removed as no longer blind	..	4	
Outward transfers	10
Deaths	93
		—	107
			830

The numbers of cases on the register at the end of each of the last five years were:

1966	891
1967	863
1968	841
1969	826
1970	830

73% of all cases on the register were sixty-five years of age and over compared to 72% in 1969; eighty were over ninety years of age.

(b) Employment

The numbers of registered blind persons employed at 31st December, 1970, were as follows:

	Male	Female
Norwich Institution workshops	14	2
Other sheltered workshops	2	—
Home workers	6	—
Other than sheltered employment	23	3

At the Norwich Institution for the Blind good progress continued to be made with the re-organisation of the workshops and the introduction of light assembly work and various other modern processes suitable for blind persons to supplement the traditional trades which are gradually contracting. In addition to the sub-contract work being obtained from various firms, the institution management is developing an item of hospital equipment which it is hoped to promote as a product of their own organisation. During the year a non-contributory pensions scheme for workshop employees was approved to operate from 1st April, 1971.

In March, the new canteen was opened and in August the resident workers moved into their new hostel, thus completing the evacuation of the old premises fronting Magdalen Street which are to be disposed of.

During the course of discussions on the future of the workshops originally started in 1967, it was envisaged that the Norfolk and Norwich local authorities would ultimately take over direct responsibility for the workshops and that by

the 1st April, 1970, definite proposals would be formulated. However, in view of the very satisfactory working of the present agency arrangements, originally introduced as an interim measure, whereby control is vested in a sub-committee with local authority representation, it was agreed to continue them into the foreseeable future subject to review after a period of five years.

The situation so far as employment for blind persons in open industry is concerned remains difficult and, particularly in rural areas, the prospects of a suitable placement are often very poor. Close liaison is maintained with the blind persons resettlement officer of the Department of Employment and Productivity and placement officers of the Royal National Institute for the Blind and joint discussions frequently take place on individual cases. Where there is no possibility of a suitable job being found in open industry and sheltered employment is not practicable, it is sometimes possible for the Council to sponsor self-employment under the blind home workers scheme and one blind man was admitted to the scheme in August, working as a market gardener in a small way. Another blind person, who has been a home worker for several years, was provided with an electrically powered baling machine for use in connection with his wastepaper business to enable an increased volume of material to be handled.

(c) Home Teaching and Visiting

Mrs. J. Youngs left at the end of September and a trainee home teacher, Miss M. R. Carter, was appointed in October, to take over the area in east Norfolk comprising mainly the Blofield and Flegg and Smallburgh rural districts. Mrs. O. Oakley was unfortunately off duty on sick leave throughout most of the second half of the year and her area in south-west Norfolk, based on Thetford, was covered by other home teachers in her absence.

Visits by home teachers during the last five years have been as follows:

				1966	1967	1968	1969	1970
Registration enquiries	..			196	240	208	241	206
Instruction in:								
Braille	67	125	162	134	149
Moon	29	37	58	29	42
Handicrafts		739	676	965	1,063	599
Welfare visits	8,882	8,400	8,211	7,478	6,472
Other visits	1,649	1,648	1,698	1,640	1,444
				<hr/> 11,562	<hr/> 11,126	<hr/> 11,302	<hr/> 10,585	<hr/> 8,912

Monthly meetings of the five well-established social centres at Diss, Fakenham, King’s Lynn, North Walsham and Norwich were held throughout the year and two new social centres were started at Acle and Thetford. In addition to the routine meetings, summer outings and Christmas parties are arranged. The centres are organised by the home teachers with the invaluable support of voluntary personnel who provide transport and assist generally to ensure that the needs of the blind are fully catered for.

Handicraft classes were held at Caister, Downham Market, Heacham, King’s Lynn, Norwich and Thetford, and class members enjoyed annual outings of their own.

Other events during the year included the inter-social centre domino championships held at Dereham in March and the annual blind exhibition of handicrafts, horticultural and domestic items, which was again organised jointly with the Norwich authority. For the third year in succession a handicraft

competition for the sighted disabled was included in the exhibition. The British Red Cross and local St. Raphael clubs made the necessary arrangements for the entries to be submitted and put on display.

In addition to the assistance given to individual blind persons attending holiday homes, the long established annual holiday at Great Yarmouth was arranged as usual, a large party of blind persons and guides spending a week at the Marine View Hotel, accompanied by three home teachers. Once again the management and staff of the hotel did their utmost to ensure that the holiday was thoroughly enjoyed by all concerned.

Talking book machines continue to be very popular with the blind and those partially sighted persons who are unable to read ordinary print and 248 machines were being used by Norfolk people at the end of the year. Machine rentals are paid by the Council and the taped books are distributed through the post without charge. The National Library for the Blind provides a service for those able to read embossed literature and in addition the Council arranges direct distribution of a variety of magazines in Braille and Moon. A special bulletin, *The Closer Link*, is produced for Norfolk blind persons but only two editions were published during 1970 owing to pressure of work in the department.

Radio sets provided by the British Wireless for the Blind Fund were issued under the long standing agency arrangements, the Council undertaking distribution to blind persons and repair of sets when necessary.

(d) Welfare of the Partially Sighted

Numbers on the register at the end of each of the last five years were as follows:

1966	307
1967	348
1968	355
1969	374
1970	393

Frequent visiting of the partially sighted is not normally required but where vision is deteriorating and the person concerned will ultimately become blind, considerable assistance and support is often necessary. In the latter event training for employment is on the same basis as for the blind and other services appropriate to blind people are made available.

At the end of the year one partially sighted man was employed in a sheltered workshop for the blind.

Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of 1970 was 397, three more than the previous year (1969 figures in brackets):

		Children under 16		Persons aged 16-64 years		Persons aged 65 and over		Totals	
Deaf with speech	.. M.	1	(1)	35	(33)	22	(22)	113	(111)
	F.	1	(2)	41	(40)	13	(13)		
Deaf without speech	M.	2	(3)	34	(34)	11	(11)	91	(91)
	F.	2	(3)	32	(32)	10	(8)		
Hard of hearing	.. M.	11	(13)	66	(62)	21	(21)	193	(192)
	F.	6	(7)	62	(63)	27	(26)		
		23	(29)	270	(264)	104	(101)	397	(394)

Welfare services are provided throughout the county by the Deaf Welfare Association of Norfolk and Norwich, the County Council, jointly with the Norwich and Great Yarmouth Authorities, giving financial support by way of an annual grant to this voluntary organisation. The association's superintendent/secretary, who is a qualified missionary, and his female assistant, deal with a wide variety of personal and domestic problems of the deaf and dumb and also assist by interpreting at interviews in connection with employment, etc. Social and recreational facilities are provided at the association's headquarters at 17 Duke Street, Norwich, and periodically at other centres.

It was originally anticipated that during 1970 the association would move their headquarters to a new all-purpose centre for the disabled being established by the Norwich authority but building of the new centre was unavoidably delayed and at the end of the year the Duke Street premises were still being used.

Welfare of the Physically Handicapped (General Classes)

The number on the register at the end of 1970 was 2,078, an increase of 321 compared with the previous year (1969 figures in brackets):

Age Group		Male		Female		Total	
Under 16 years	10	(10)	4	(1)	14	(11)
16-64 years	501	(445)	472	(430)	973	(875)
65 years and over	..	468	(373)	623	(498)	1,091	(871)
		979	(828)	1099	(929)	2,078	(1,757)

The increase in demand for individual services provided under the Council's scheme, referred to in my report for 1969, continued during 1970 and is indicative of the growing awareness of the facilities available which is also reflected in the number of new cases being referred to welfare officers for registration.

Handicapped persons were assisted in 124 cases during the year with adaptations to premises to enable them to live as independently as possible and the work carried out ranged from the fitting of simple handrails to comprehensive structural alterations to premises to provide, for example, sufficient space to manoeuvre wheelchairs. Close liaison continued to be maintained with the Department of Health and Social Security to ensure that suitable access and garaging facilities were available for vehicles supplied to the disabled under the Department's scheme. The co-operation of the county architect, the county surveyor and local district councils in the carrying out of the various works concerned is gratefully acknowledged.

A wide variety of special equipment and aids is also provided on free loan, such as bath and toilet aids, patient lifting hoists, self-lift chairs, walking aids, etc. Most of the major items are supplied direct by the Council but a considerable number of aids are issued from local medical loan depots organised by the British Red Cross Society and the St. John Ambulance Brigade under agency arrangements. The rheumatology unit at St. Michael's Hospital, Aylsham, also supplies certain aids to patients discharged home from the unit, the cost being reimbursed by the Council.

Financial assistance was provided to enable eighty-nine disabled persons and their escorts to take a week's holiday during 1970 at holiday camps organised by the Federation of St. Raphael Clubs, the Norfolk Association for the Disabled and the Sheringham Valentine Club.

The facilities provided under the disabled drivers' car badges scheme to assist such drivers by conferring certain parking concessions are greatly appreciated and during the year badges were issued to forty-eight new applicants, bringing the current total of drivers registered to 314.

Two Norfolk sighted disabled persons were admitted to the workshops of the Norwich Institution for the Blind during January, in accordance with the previously agreed policy of integrating sighted disabled and blind in this sheltered employment, and the new arrangements appear to be working very well. At the end of the year eighteen Norfolk cases were in attendance at the Norfolk and Norwich Spastic Association's work centre at Bowthorpe Road, Norwich, and another Norfolk disabled person was attending the centre in Ber Street, Norwich, under arrangements made with the City Welfare Department.

Pastime occupation in the form of training in handicrafts is provided by the Norfolk Branch of the British Red Cross Society in the north and west of Norfolk and the remaining half of the county is covered by the Norfolk Association for the Disabled, these voluntary organisations acting as agents of the Council for this purpose and receiving financial support. In addition both organisations, together with the Federation of St. Raphael Clubs, are very active in the field of social activities for the disabled and run clubs and arrange outings and holidays, etc.

The major event in 1970 was the coming into operation of the Chronically Sick and Disabled Persons Act, Section 2, being effective from the 29th August and requiring local authorities to meet the needs of handicapped persons by providing a wide range of facilities, including telephones, wireless and television. Unfortunately, the coverage given to the new Act in the press and on television gave the misleading impression that all the facilities referred to would become immediately available to all disabled persons completely free of any charge and numerous applicants were disappointed to find that this was not in fact the case. The practical effects were much less dramatic and local authorities, already faced with severe limitations on overall expenditure, had made no budget provision for a rapid expansion of services and found it extremely difficult to allocate additional money for new facilities. A circular from the Department of Health and Social Security giving clarification of local authorities' responsibilities under the Act advised that they were required to assess the needs of the substantially and permanently handicapped in connection with the provision of the various facilities but that "criteria of need are matters for the authorities to determine in the light of resources".

Most of the services listed in Section 2 of the Act were already being provided in Norfolk, at least to a certain extent, but no provision had previously been made for the supply of telephones, wireless and television sets and it was decided that the Council should meet the installation and rental charges for telephones and the installation charges for wireless and television sets in cases where a real need existed and clients could not reasonably be expected to make their own provision. In assessing need, criteria recommended by the county welfare officers' society were adopted which, in the case of telephones, made it necessary, for example, to establish that the applicant was alone in the house for long periods and medically at risk with a need to be able to contact a doctor quickly.

With regard to wireless and television sets it was felt that very few persons in the categories specified would not already have these facilities. Obviously to pay for all would involve expenditure on a scale which in the current period of financial stringency would be difficult to meet and it was accordingly decided to restrict assistance to the installation of sets and to help people who were not able to meet the initial cost of erecting a television aerial prior to renting a set.

In the case of other facilities such as adaptations to premises and the provision of practical assistance in the home by way of domestic help, the Council has always required clients to contribute towards the cost of the service where they are in a position to do so and the new Act does not require local authorities to abolish these charges.

The newly established Social Services Committee of the County Council, acting on the advice of the director of social services, will in due course review the services being provided for the disabled and take into account the provisions of the Act but the major problem of financing new projects will remain and it will be extremely difficult to carry out any substantial expansion of services in the near future.

The Chronically Sick and Disabled Persons Act covers a very wide field and certain sections have yet to come into force, including Section 21 which will extend the disabled drivers' car badges scheme to cover disabled passengers. The welfare services provided by local authorities are only one aspect of the Act and there is no doubt that when the legislation is fully implemented the special needs of the handicapped will be taken into account to a much greater extent than has previously been the case where community services in general are concerned.

XV. INFECTIOUS DISEASES

The annual notifications of infectious disease are set out in Table 3 showing the distribution throughout the municipal boroughs, urban and rural district councils in the county.

Whooping cough notifications, after falling to the lowest level in 1969, have risen again this year but not to a significant extent.

Measles was widespread again in Norfolk though not to the same extent as in some other parts of England. This probably is in part a result of the fall in vaccination against the disease during the previous year when vaccine supplies were very limited. The epidemic began early in the year, reached its peak by early summer, following which the incidence fell to a low level. This could be the last epidemic on such a scale if parents of any children still susceptible ensure their vaccination against the disease and if there is a continuous effort by all concerned year by year to ensure that one-year-old children receive the vaccine as part of childhood protection.

Infective hepatitis (jaundice) cases have been more frequent again in common with an increased national incidence. To what extent this increase in notification may be linked with the prominence in the news media of this disease occurring in renal dialysis units is difficult to assess, but there is no doubt that it has become a well-established though small part of the present day pattern of infectious disease.

Dysentery cases were fewer as were those of food poisoning but it is probable that many milder cases go unreported as family doctors may not be consulted by sufferers. The prevention of much of this type of illness lies literally in every individual's hands by means of routinely washing them before handling food and after using the toilet.

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 3

Disease	Number of cases notified																											
	Municipal boroughs		Urban districts										Rural districts														Totals	
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham		Wayland
Measles	249	68	25	2	1	67	4	192	1	23	5	35	184	45	28	114	35	140	91	23	72	16	437	188	41	198	33	2,317
Dysentery	9	—	—	1	—	1	—	—	—	—	—	7	1	—	—	—	1	—	—	1	—	—	6	—	—	—	1	28
Scarlet fever	1	3	—	—	2	—	—	—	—	—	—	—	12	2	1	13	1	3	1	4	10	3	5	1	1	1	1	65
Whooping cough	—	1	—	2	3	—	—	—	—	—	—	—	14	6	1	—	5	2	—	8	1	—	2	5	—	—	—	50
Infective jaundice	1	3	1	—	—	—	2	2	—	—	—	2	95	1	2	4	4	4	—	—	—	1	7	8	—	—	2	139
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	2
Ophthalmia neonatorum	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	1	2	—	2	—	—	—	—	—	1	—	1	12	4	1	—	—	14	—	3	—	1	6	3	—	—	—	51
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Chicken pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	261	77	26	7	7	68	6	194	1	24	5	45	319	58	33	132	46	163	92	39	83	21	465	205	42	199	37	2,655

* Chicken pox is notifiable only by Cromer U.D.C.

XVI. ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

The County Public Health Engineer has supplied the following information:

(a) Water Supplies

The development and extension of rural water supplies throughout the county continued during the year and contributions were allocated by the County Council to district councils for the following schemes:

District Council	Scheme	Estimated Capital Cost £
Forehoe and Henstead ..	Runhall and Coston	18,078
Mitford and Launditch ..	Central Parishes Stage II (Col-kirk and Swanton Morley) ..	28,700
St. Faith's and Aylsham ..	Honingham	4,682
	Western Area Stage I Revision	85,439
	Western Area Stage II ..	59,800
Smallburgh	Brimblebow Road, Hoveton ..	4,054

New schemes, extensions and revised schemes examined by the water supplies and sewerage sub-committee during the year were:

District Council	Scheme
Blofield and Flegg	Strumpshaw headworks—installation of larger borehole pumps.
Loddon	Extension from Thurlton to Haddiscoe.
St. Faith's and Aylsham ..	The Meadows, Aylsham.
Smallburgh	Augmentation of Area 'A'.

(b) Sewerage and Sewage Disposal

During the year the County Council allocated contributions to district councils for the following schemes:

District Council	Scheme	Estimated Capital Cost £
Blofield and Flegg	Acle	326,000
Depwade	Scole S.D. Works	21,350
	Dickleburgh, Harvey Lane and Burston Road extensions	
	Revision	3,970
	Brockdish	53,000
	Harleston surface water drainage	46,000
Forehoe and Henstead ..	Mulbarton	306,860
	Saxlingham	168,910
	Cringleford and Hethersett	
	Revision	174,846
	Costessey, Section 3, Part II	
	Revision	58,638
Freebridge Lynn	Gayton and Grimston	343,768
Marshland	Clenchwarton	814,136
St. Faith's and Aylsham ..	Central Parishes, Phase I ..	444,250
Smallburgh	Stalham—Stage III	27,600
Walsingham	Hindringham	83,873
	Sculthorpe	73,273
Wayland	New Buckenham	112,375
	Mill Lane, Great Ellingham ..	1,037
Cromer	Surface water drainage ..	37,950
East Dereham	S.D. Scheme	395,000
Swaffham Urban	Cley Road—Stage II ..	8,852

New schemes, extensions and revised schemes examined by the water supplies and sewerage sub-committee during the year were:

District Council	Scheme
Blofield and Flegg	Coastal Parishes—installation of aerobic digestion plant at Caister S.D. Works.
Depwade	Proposed extension to Louie's Lane, Bressingham Common and Snow Street, Roydon. Roydon (Tottington Lane) extension.
Forehoe and Henstead ..	Trowse—Whitlingham Lane.
Freebridge Lynn	Castleacre.
Loddon	Kirstead.
St. Faith's and Aylsham ..	Rackheath.
Swaffham Rural	Necton, Sporle and Holme Hale.
Wayland	Great Ellingham extensions.
Diss	Sewage treatment works extensions. Fair Green, foul and surface water.

Milk and Dairies

As in previous years, apart from sampling which may have been carried out by the Ministry of Agriculture, Fisheries and Food in connection with farm registrations, all milk sampling has been carried out by this department together with all necessary pre-licence and routine visits required to ensure adequate arrangements for the storage, handling and distribution of milk. Registration of all milk distributors by the county district councils is still required by the Milk and Dairies (General) Regulations, 1959, and liaison has been maintained with these authorities. This results in some overlapping of duties particularly since all milk is now sold under designation.

During the year liaison has been maintained with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food and with those departments of the County Council concerned with milk supplies to establishments in the Council's administration.

Details of the sampling examinations are included in the information given under the following headings:

(a) Specified Area Supervision

Ninety-five applications for dealers' 'prepacked' milk licences were investigated by the county public health inspectors during the year and all were approved.

At the end of the year 649 dealers' licences were in force including twenty-three issued to producer/retailers selling milk other than from their own herds and twenty-nine issued to dealers selling 'untreated' milk. 151 licences related to the sale of 'ultra heat treated' milk.

The following table shows the results of the examinations of milk samples taken from shops and retail rounds during the year. The figures for the previous year are shown in brackets:

Test	No. of examinations		Satisfactory		Unsatisfactory		Void	
Methylene Blue (Raw milk)	50	(91)	42	(73)	4	(11)	4	(7)
Methylene Blue (Pasteurised milk)	881	(758)	702	(512)	70	(59)	109	(187)
Phosphatase (Pasteurised milk)	882	(739)	873	(732)	9	(7)	—	(—)
Turbidity (Sterilised milk)	84	(64)	83	(62)	1	(2)	—	(—)
Colony Count (Ultra heat treated milk)	81	(49)	81	(49)	—	(—)	—	(—)
	1,978	(1,701)	1,781	(1,428)	84	(79)	113	(194)

The 113 'void' samples relate to those which were not examined by the methylene blue test because of the atmospheric shade temperature exceeding 70°F during their period of storage at the laboratory.

Increased shop sales contributed largely to the high incidence of methylene blue failures, insufficient care having been taken during the summer months when milk was allowed to stand at the shops in temperatures exceeding 70°F. Milk delivery vehicles were also found to have insufficient protection during the summer and advice was given to both shopkeepers and dairymen followed by repeat sampling where necessary.

The raw milk failures were referred to the Ministry of Agriculture, Fisheries and Food for investigation at producer/retailers' premises. 526 of the samples shown above were submitted from milk sold in the county but processed at pasteurising plants outside the county. Where it was thought to be necessary the circumstances were referred to the appropriate licensing authorities. All phosphatase failures were immediately investigated and the faults traced and rectified.

(b) Pasteurising Plants

The four plants licensed by the County Council were the subject of ninety routine visits by county public health inspectors during the year and these visits were augmented as necessary to investigate the causes of failing samples and complaints. Of the latter, six related to bottles which had not been satisfactorily cleaned at the dairies. One dairyman was warned of possible summary action if the position in relation to unsatisfactory bottles was not improved.

The results of the examinations of samples submitted from the pasteurising plants were as follows:

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	231	197	19	15
Phosphatase ..	238	231	7	—
	<hr/> 469	<hr/> 428	<hr/> 26	<hr/> 15

All failures were investigated, particular attention being given to the phosphatase failures. The causes of six phosphatase failures were found and rectified while in the other case failure could only be attributed to human error and a suitable warning was given to the dairyman.

(c) Sterilised Milk

Of eighty-four samples of sterilised milk submitted during the year, one failed the turbidity test. There is no sterilised milk processing plant in the county and the failure was referred to the local authority concerned for any necessary investigations.

(d) Ultra Heat Treated Milk

At the end of the year 151 persons held licences to retail this milk and seventy-four new applications for licences were investigated and approved during the year.

(e) Milk in Schools Scheme

Pasteurised milk only was supplied to county schools following approval of the sources of supply by this department. It is unfortunate that dairymen still have reason to complain about some bottles being returned in an unrinsed and unsatisfactory condition, despite joint attempts with the chief education officer to improve the position. Schools which return bottles in a satisfactory condition are however in the majority and are to be commended. The co-operation of the dairymen was again successfully sought in the return of bottles at the end of the term so preventing their exposure to contamination.

(f) *Brucella Abortus*

The quarterly bulk sampling of forty-three producer/retailer herds was continued during the year and, as a result of positive biological examination results, restriction notices were served by the district medical officer of health for two herds pending investigations by this department to trace the positive cows. During the investigations of one of these herds the producer/retailer installed his own H.T.S.T. pasteurising plant which was licensed by the County Council. A restriction notice served in 1969 in respect of a further producer/retailer herd continued in force until individual cow sampling investigations by this department were completed.

Bulk milk samples were also submitted for direct culture and biological examinations at the Norwich public health laboratory from wholesaler supplies to dairies for pasteurisation and eighteen herds were found to be positive. In these cases the farmers were warned by the respective district medical officer of health to boil the milk before consumption by their families and/or employees. In previous years these samples were obtained from incoming churns at the dairies but increased bulk milk tanker collections have resulted in a greater number being taken direct from the farms.

Of a total of 1,728 samples submitted for biological examination, 1,570 proved negative, seventy-four were positive and eighty-four examinations were inconclusive due to the premature death of the guinea pigs. The high number of positive samples resulted from the fact that during the year it was decided to conduct quarterly sampling of all known positive herds the majority of which continued to give positive results.

1,016 bulk samples were submitted to the Ipswich public health laboratory for ring test examinations. Eighty-nine gave a positive result and the following table shows the comparison between these results and the further examination of the samples by the direct culture and biological methods.

Ring test results (Ipswich lab.)		Direct culture results (Ipswich lab.)			Biological results (Norwich lab.)	
No. of samples		+ve	—ve	Not examined	+ve	—ve
+	37	—	1	36	1	36
++	41	4	31	6	17	24
+++	9	1	8	—	7	2
++++	2	—	2	—	2	—

This table supports the view that the ring test serves only as a screening test and that action taken on a positive result might be premature. The policy of this department is continued reliance only on biological examination results which show the presence of an active brucella organism before imposing restrictions on the consumption of raw milk.

(g) Antibiotics in Milk

1,016 herd bulk samples were submitted to the Ipswich public health laboratory for examination. Two were found to contain inhibitory substances and investigations were carried out at the farms concerned.

Food Inspections

Twenty-nine inspections were made by the county public health inspectors at county homes and children's homes and in all but one instance the standards required by the Food Hygiene Regulations were adequately met. Suitable

representations have been made to obtain an improvement at one county home and in all cases the department has welcomed the co-operation of the superintendents and matrons.

Ice Cream

During the year the public health inspectors of eleven of the twenty-seven local authorities in the county submitted 142 samples of ice cream of which 135 were found to be satisfactory on examination. 125 of the samples related to ice cream produced by the large national manufacturers and of the remaining seventeen from local manufacturers all were satisfactory.

Planning Applications

During the year twenty-six planning applications were referred to the department for observations which were given after due investigations on site and, where applicable, with officers of the local authorities. The county public health inspector has also given observations at site meetings with officers and members of the county planning committee and the local authorities.

Refuse Disposal

Controlled tipping is carried out by a number of local authorities in the county and adequate machinery and labour is employed at the tips. Regrettably however some local authorities find that fully controlled methods of tipping are beyond their economic resources and complaints of tip fires, littering of the countryside and nuisance from rats have been investigated to enforce planning conditions. Indiscriminate tipping by members of the public at local authority disposal sites, at unauthorised sites and at lay-bys, is a continual source of nuisance which is difficult to overcome. In the south of the county two local authorities combined with a local authority in East Suffolk to pulverise refuse and a third local authority in the county is currently discussing the provision of a pulverising plant because of an emergency situation arising from the non-availability of further disposal sites.

Swimming Pools

Information relating to the department's work at school swimming pools is contained in my report as principal school medical officer. The health department has worked closely with officers of county district councils in respect of private pools at holiday camps and caravan sites, etc.

Housing and Sanitary Complaints

During the year the following complaints were received in the department and, where necessary, were referred to the appropriate county district councils for investigation:

Sewerage and sewage disposal	8
Drainage	7
Damp housing	—
Other housing complaints	3
Nuisance from rats	3
Nuisance from refuse tips	6
Water supplies	4
General complaints	8

Mains Water—Bacteriological Examination

In past years the public health inspectors of the district councils have submitted for bacteriological examination samples of mains water both from the sources of supply and from the distribution mains. Inevitably the frequency of sampling has varied as between the district councils and, during the year, discussions took place between officers of this department and those of the

recently formed South Norfolk water board, the public health laboratory service and the district councils within the water board area. The discussions resulted in the formulation of a programme of sampling to comply with recommendations contained in Section V of Report No. 71 of the Department of Health and Social Security and the Ministry of Housing and Local Government. The programme will become effective early in 1971.

Miscellaneous Duties

During the year the county public health inspectors have continued to give talks to school meals personnel, hospital staff, school children and other bodies on matters associated with environmental health and food hygiene.

New Housing

The following table shows the number of new permanent dwellings completed during the year and is taken from the local housing statistics issued by the Ministry of Housing and Local Government.

Permanent dwellings completed during 1970

Local Authority Area	Local Authorities	Private Owners	Total
MUNICIPAL BOROUGHES			
King's Lynn	113	88	201
Thetford	354	103	457
URBAN DISTRICTS			
Cromer	13	28	41
Diss	59	29	88
Downham Market	6	84	90
East Dereham	47	59	106
Hunstanton	—	70	70
North Walsham	—	61	61
Sheringham	—	50	50
Swaffham	4	24	28
Wells-next-the-Sea	—	11	11
Wymondham	10	201	211
RURAL DISTRICTS			
Blofield and Flegg	58	347	405
Depwade	36	330	366
Docking	—	91	91
Downham	41	158	199
Erpingham	6	118	124
Forehoe and Henstead	13	217	230
Freebridge Lynn	—	95	95
Loddon	16	100	116
Marshland	25	58	83
Mitford and Launditch	11	168	179
St. Faith's and Aylsham	—	468	468
Smallburgh	58	145	203
Swaffham	8	142	150
Walsingham	23	88	111
Wayland	16	256	272
TOTALS	917	3,589	4,506

XVII. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year 	1	—	11	11
Homes whose registrations were withdrawn during year	1	—	21	21
Homes on the register at end of year 	19	7	317	324

The senior medical officer and superintendent nursing officer maintained regular supervision of nursing homes during the year, all homes being visited at least once. These visits have contributed to the gradual improvement in the standards of service and accommodation provided in the homes which furnish a valuable service to the community.

During the year it was necessary to cancel the registration of one nursing home and a new nursing home was opened providing facilities of a high standard for eleven patients.

Laboratory Examinations

The Norwich public health laboratory continued to provide facilities for the examination of specimens submitted by the general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:

Water (bacteriological examination) 	229
Milk (bulk samples for biological examination) 	1,728
Milk (individual cow samples for brucella abortus examination) ..	342
Milk (methylene blue examination) 	1,761
Milk (phosphatase examination) 	1,769
Milk (turbidity examination) 	84
Milk (antibiotics examination—Ipswich laboratory).. 	1,016
Milk (ring test examination—Ipswich laboratory) 	1,016

Samples submitted by district public health inspectors:

Ice Cream (methylene blue examination) 	142
Water (bacteriological examination) 	1,974

Other samples, which were submitted by County Council staff, were examined by the public analyst as follows:

Water (nitrate estimation) 	22
Other examinations 	1

Medical Examinations

The following examinations were carried out by the medical staff of the health department:

For superannuation purposes (either physical examination or clearance of medical questionnaire)	101
Candidates for entry to Norfolk Fire Service	64
Candidates for colleges of education and entrants to the teaching profession	429
*School canteen workers (non-superannuable)	68
School road crossing patrols (non-superannuable)	63
Allocation/commutation of part pension	5
Fire service pensioners/over 55's	7
	<hr/> 737 <hr/>

*From the 1st April, the physical examination of canteen workers was discontinued and a revised questionnaire on the health of candidates for food-handling duties was introduced. Since that date 292 questionnaires have been received and where necessary, chest X-ray and/or physical examinations arranged.

The department was consulted on medical aspects of eleven county council employees who were no longer capable of discharging their duties and fifty-two cases of prolonged absences of staff through sickness.

Sixty applicants for driving licences, whose fitness was in doubt, were referred by the local taxation officer for advice. The large increase in the number this year was due to the revised regulations introduced by the Vehicles and Driving Licences Act, 1969, concerning the granting of a driving licence to a person with epilepsy who satisfies certain conditions.

Following the introduction in February of the scheme whereby drivers of heavy goods vehicles have to be medically examined on each occasion of their application for renewal of their licence, the department gave assistance with the medical examinations of seventy-two council employees in this category.

At the request of the South Norfolk Water Board, seventeen of their employees were medically examined, including carrier tests, in connection with their duties with the supply of water.

The health of thirty-one students was investigated on behalf of Norwich City College to ascertain their fitness to undertake National Nursery Examinations Board and pre-welfare courses.

Twenty-six medical examinations were also undertaken for other authorities.